| United States Bankruptcy Court Eastern District of Wisconsin  |  |                             |   |   | Volu  | ntary Petition  |  |  |
|---|--|-----------------------------|---|---|---|---|--|--|
| Name of Debtor (if individual, enter Last, First, <b>Scheuermann, Brian D</b>   | Middle):   |                             |   |   | ebtor (Spouse<br>nn, Sheryl   |   | , Middle):   |  |
| All Other Names used by the Debtor in the last 8 (include married, maiden, and trade names):  | years  |                             |   |   | used by the J<br>maiden, and  |   | in the last 8 y  | vears  |
| Last four digits of Soc. Sec. or Individual-Taxpa (if more than one, state all)  xxx-xx-2600  | yer I.D. (ITIN) No./C  | omplete EIN                 | (if more  | our digits of than one, state   | all)  | Individual-   | Гахрауег I.D.  | (ITIN) No./Complete EIN  |
| Street Address of Debtor (No. and Street, City, a E6252 Progress Rd. Manawa, WI   | _  | ZIP Code                    | Street<br><b>E62</b>                                    |   | Joint Debtor  | (No. and Str  | reet, City, and  | ZIP Code   |
| County of Residence or of the Principal Place of  |  | 4949                        |   |   | nce or of the   | Principal Pla   | ace of Busine  | <b>54949</b>   |
| Waupaca  Mailing Address of Debtor (if different from stre  | eet address):  |                             |   | g Address   | of Joint Debt   | or (if differe  | nt from street   | address):  |
|   | Г  | ZIP Code                    | -   |   |   |   |  | ZIP Code   |
| Location of Principal Assets of Business Debtor (if different from street address above):   |  |                             |   |   |   |   |  | ·  |
| Type of Debtor (Form of Organization) (Check one box)  ■ Individual (includes Joint Debtors) See Exhibit D on page 2 of this form.  □ Corporation (includes LLC and LLP) □ Partnership  | (Check of Health Care Busingle Asset Reain 11 U.S.C. § 10 Railroad Stockbroker Commodity Brold Clearing Bank | al Estate as de<br>01 (51B) | efined  | ☐ Chapte☐ Chapte☐ Chapte☐ Chapte☐ Chapte                                  | the I<br>er 7<br>er 9<br>er 11<br>er 12                                 | <b>Petition is Fi</b><br>□ Cl<br>of<br>□ Cl             | a Foreign M<br>hapter 15 Pet                           |  |
| Other (If debtor is not one of the above entities, check this box and state type of entity below.)  |  | f the United S              | States  | defined   | re primarily co<br>in 11 U.S.C. §<br>ed by an indivi<br>nal, family, or | (Check<br>ensumer debts,<br>101(8) as<br>dual primarily | for  | Debts are primarily business debts.  |
| Filing Fee (Check one box Full Filing Fee attached  | )  | Check one                   |   | nall business   | Chap<br>debtor as defir   | ter 11 Debt   |  |  |
| Filing Fee to be paid in installments (applicable to attach signed application for the court's consideration debtor is unable to pay fee except in installments. Form 3A.  Filing Fee waiver requested (applicable to chapter attach signed application for the court's consideration). | on certifying that the Rule 1006(b). See Official individuals only). Must                                    | Check all t. d. A p 3.      | otor's aggralless than Sapplicable lan is beingeptances | egate noncons<br>\$2,343,300 (as boxes:<br>ag filed with<br>of the plan w | ness debtor as contingent liquida<br>amount subject<br>this petition.   | defined in 11 United debts (exc<br>to adjustment        | J.S.C. § 101(51)<br>Eluding debts or<br>on 4/01/13 and | No. (No. 10). Wed to insiders or affiliates) in the every three years thereafter). |
| Statistical/Administrative Information  Debtor estimates that funds will be available  Debtor estimates that, after any exempt proper there will be no funds available for distribution   | erty is excluded and a   | dministrative               |   | es paid,  |   | THIS  | SPACE IS FO  | OR COURT USE ONLY  |
| 1- 50- 100- 200-  | 1,000- 5,001-<br>5,000 10,000  |                             | ]<br>5,001-<br>0,000                                    | 50,001-<br>100,000  | OVER 100,000  |   |  |  |
| \$0 to \$50,001 to \$100,001 to \$500,001 \$50,000 \$100,000 \$500,000 to \$1 timillion   | \$1,000,001 \$10,000,001 to \$10 to \$50   | to \$100 to                 |   | \$500,000,001<br>to \$1 billion   | More than \$1 billion   |   |  |  |
| \$0 to \$50,001 to \$100,001 to \$500,001 \$550,000 \$100,000 \$500,000 to \$1  | \$1,000,001 \$10,000,001 to \$10 to \$50 million   | to \$100 to                 |   | \$500,000,001 to \$1 billion  | More than \$1 billion   |   |  |  |

B1 (Official Form 1)(4/10) Page 2 Name of Debtor(s): Voluntary Petition Scheuermann, Brian D (This page must be completed and filed in every case) Scheuermann, Sheryl A All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet) Location Case Number: Date Filed: Where Filed: - None -Location Case Number: Date Filed: Where Filed: Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet) Name of Debtor: Case Number: Date Filed: - None -District: Relationship: Judge: Exhibit B Exhibit A (To be completed if debtor is an individual whose debts are primarily consumer debts.) (To be completed if debtor is required to file periodic reports (e.g., I, the attorney for the petitioner named in the foregoing petition, declare that I forms 10K and 10Q) with the Securities and Exchange Commission have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 under each such chapter. I further certify that I delivered to the debtor the notice and is requesting relief under chapter 11.) required by 11 U.S.C. §342(b). ☐ Exhibit A is attached and made a part of this petition. X /s/ Steven Schaefer on behalf of Legal4hbeilpeir,s2010 Signature of Attorney for Debtor(s) Steven Schaefer on behalf of Legal Helpers 1061511 Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? Yes, and Exhibit C is attached and made a part of this petition. No. Exhibit D (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: ■ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition. Information Regarding the Debtor - Venue (Check any applicable box) Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District. Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes) Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) (Name of landlord that obtained judgment) (Address of landlord) Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(1)).

B1 (Official Form 1)(4/10) Page 3

### Voluntary Petition

(This page must be completed and filed in every case)

#### Scheuermann, Sheryl A Signatures

#### Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

#### X /s/ Brian D Scheuermann

Signature of Debtor Brian D Scheuermann

#### X /s/ Sheryl A Scheuermann

Signature of Joint Debtor Sheryl A Scheuermann

Telephone Number (If not represented by attorney)

#### April 1, 2010

Date

#### Signature of Attorney\*

#### X /s/ Steven Schaefer on behalf of Legal Helpers

Signature of Attorney for Debtor(s)

#### Steven Schaefer on behalf of Legal Helpers 1061511

Printed Name of Attorney for Debtor(s)

#### Legal Helpers

Firm Name

611 N. Broadway Ave., #105 Milwaukee, WI 53202

Address

#### (414) 270-0700 Fax: (414) 270-0830

Telephone Number

#### April 1, 2010

Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

#### Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

#### Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

Name of Debtor(s):

Scheuermann, Brian D

- ☐ I request relief in accordance with chapter 15 of title 11. United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.
- ☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

| <b>T</b> 2 |  |
|------------|--|
|            |  |
|            |  |
|            |  |

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

#### Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankrutpcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. § 110.)

Date

Address

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. §110; 18 U.S.C. §156.

B 1D (Official Form 1, Exhibit D) (12/09)

### United States Bankruptcy Court Eastern District of Wisconsin

|       | Brian D Scheuermann  |           |          |   |
|-------|----------------------|-----------|----------|---|
| In re | Sheryl A Scheuermann |           | Case No. |   |
|       |                      | Debtor(s) | Chapter  | 7 |

# EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

- 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency*.
- □ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*
- □ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. [Summarize exigent circumstances here.]

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

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| □ 4. I am not required to receive a credit counseling briefing because of: [Check the applicable tatement.] [Must be accompanied by a motion for determination by the court.] □ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.); □ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or |
|---|
| through the Internet.);   |
|   |
| ☐ Active military duty in a military combat zone.   |
| □ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling equirement of 11 U.S.C. § 109(h) does not apply in this district.  |
| I certify under penalty of perjury that the information provided above is true and correct.   |
| Signature of Debtor: /s/ Brian D Scheuermann  Brian D Scheuermann   |
| Date: April 1, 2010   |

B 1D (Official Form 1, Exhibit D) (12/09)

### United States Bankruptcy Court Eastern District of Wisconsin

|       | Brian D Scheuermann  |           |          |   |
|-------|----------------------|-----------|----------|---|
| In re | Sheryl A Scheuermann |           | Case No. |   |
|       |                      | Debtor(s) | Chapter  | 7 |

# EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

- 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency*.
- □ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*
- □ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. [Summarize exigent circumstances here.]

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

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Best Case Bankruptcy

| □ 4 I am not required to receive a credit cou  | inseling briefing because of: [Check the applicable                    |
|--|--|
| statement.] [Must be accompanied by a motion for a   |  |
| 1  | § 109(h)(4) as impaired by reason of mental illness or                 |
| 1 ,  | alizing and making rational decisions with respect to                  |
| financial responsibilities.);  | mining mine immining reviewed who is a selection of the residence of   |
| 1 , ,  | 109(h)(4) as physically impaired to the extent of being                |
| • `  | in a credit counseling briefing in person, by telephone, or            |
| through the Internet.);  | in we could counte mig of the process, of the process, or              |
| ☐ Active military duty in a military c   | ombat zone.  |
| ☐ 5. The United States trustee or bankruptcy requirement of 11 U.S.C. § 109(h) does not apply in | administrator has determined that the credit counseling this district. |
| I certify under penalty of perjury that the  | information provided above is true and correct.                        |
|  | //01 1401  |
| Signature of Debtor:   | /s/ Sheryl A Scheuermann   |
| Auril 4 0040   | Sheryl A Scheuermann   |
| Data: April 1, 2010  |  |

# **United States Bankruptcy Court Eastern District of Wisconsin**

| In re | Brian D Scheuermann, |         | Case No |   |
|-------|----------------------|---------|---------|---|
|       | Sheryl A Scheuermann |         |         |   |
| _     |                      | Debtors | Chapter | 7 |

### SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

| NAME OF SCHEDULE  | ATTACHED<br>(YES/NO) | NO. OF<br>SHEETS | ASSETS            | LIABILITIES | OTHER    |
|---|----------------------|------------------|-------------------|-------------|----------|
| A - Real Property   | Yes                  | 1                | 248,000.00        |             |          |
| B - Personal Property   | Yes                  | 4                | 15,318.04         |             |          |
| C - Property Claimed as Exempt  | Yes                  | 2                |                   |             |          |
| D - Creditors Holding Secured Claims  | Yes                  | 2                |                   | 238,138.41  |          |
| E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E) | Yes                  | 1                |                   | 0.00        |          |
| F - Creditors Holding Unsecured<br>Nonpriority Claims                           | Yes                  | 14               |                   | 294,093.57  |          |
| G - Executory Contracts and<br>Unexpired Leases                                 | Yes                  | 1                |                   |             |          |
| H - Codebtors   | Yes                  | 1                |                   |             |          |
| I - Current Income of Individual<br>Debtor(s)                                   | Yes                  | 1                |                   |             | 5,715.37 |
| J - Current Expenditures of Individual Debtor(s)                                | Yes                  | 2                |                   |             | 5,727.00 |
| Total Number of Sheets of ALL Schedu  | ıles                 | 29               |                   |             |          |
|   | To                   | otal Assets      | 263,318.04        |             |          |
|   |                      |                  | Total Liabilities | 532,231.98  |          |

### **United States Bankruptcy Court Eastern District of Wisconsin**

| In re | Brian D Scheuermann,<br>Sheryl A Scheuermann |                       | Case No.     |                      |
|-------|--|-----------------------|--------------|----------------------|
| -     | •  | Debtors               | Chapter      | 7                    |
|       | STATISTICAL SUMMARY OF CH                    | ERTAIN LIABILITIES AN | D RELATED DA | TA (28 U.S.C. § 159) |

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C.§ 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

| Type of Liability   | Amount |
|---|--------|
| Domestic Support Obligations (from Schedule E)  | 0.00   |
| Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)  | 0.00   |
| Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed) | 0.00   |
| Student Loan Obligations (from Schedule F)  | 0.00   |
| Domestic Support, Separation Agreement, and Divorce Decree<br>Obligations Not Reported on Schedule E                | 0.00   |
| Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)                           | 0.00   |
| TOTAL   | 0.00   |

### State the following:

| Average Income (from Schedule I, Line 16)  | 5,715.37 |
|--|----------|
| Average Expenses (from Schedule J, Line 18)  | 5,727.00 |
| Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20) | 7,620.59 |

#### State the following:

| Total from Schedule D, "UNSECURED PORTION, IF ANY"     column              |      | 5,361.00   |
|--|------|------------|
| 2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column             | 0.00 |            |
| 3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column |      | 0.00       |
| 4. Total from Schedule F   |      | 294,093.57 |
| 5. Total of non-priority unsecured debt (sum of 1, 3, and 4)               |      | 299,454.57 |

| • |   |    |  |
|---|---|----|--|
|   | n | ra |  |
|   |   |    |  |

Brian D Scheuermann, Sheryl A Scheuermann

| Case No. |  |  |
|----------|--|--|
|          |  |  |

Debtors

#### **SCHEDULE A - REAL PROPERTY**

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

| Description and Location of Property   | Nature of Debtor's<br>Interest in Property | Husband,<br>Wife,<br>Joint, or<br>Community | Current Value of<br>Debtor's Interest in<br>Property, without<br>Deducting any Secured<br>Claim or Exemption | Amount of<br>Secured Claim |
|--|--|---|--|----------------------------|
| Homestead Real Estate<br>Located at E6252 Progress Rd., Manawa WI.<br>Parcel# 13 10 34 1 | Fee Simple                                 | С   | 147,000.00   | 132,561.00                 |
| Real Estate located at 323 N Main St., Hancock, WI Parcel# 136-01071-0451                | Fee Simple                                 | С   | 101,000.00   | 96,816.41                  |

Sub-Total > **248,000.00** (Total of this page)

Total > 248,000.00

**0** continuation sheets attached to the Schedule of Real Property

(Report also on Summary of Schedules)

| In | re |
|----|----|
| Ш  | 10 |

Brian D Scheuermann, Sheryl A Scheuermann

| Case No. |  |
|----------|--|
|          |  |

Debtors

#### SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

|    | Type of Property  | N O Description and Location of Property E  | Husband,<br>Wife,<br>Joint, or<br>Community | Current Value of<br>Debtor's Interest in Property,<br>without Deducting any<br>Secured Claim or Exemption |
|----|---|---|---|---|
| 1. | Cash on hand  | Cash  | С   | 60.00   |
| 2. |   | Checking account with Baylake Bank  | С   | 2,000.00  |
|    | accounts, certificates of deposit, or<br>shares in banks, savings and loan,<br>thrift, building and loan, and<br>homestead associations, or credit<br>unions, brokerage houses, or<br>cooperatives. | Health Savings Account at M&I   | С   | 2,400.00  |
| 3. | Security deposits with public utilities, telephone companies, landlords, and others.  | X   |   |   |
| 4. | Household goods and furnishings, including audio, video, and computer equipment.  | Miscellaneous used household goods - Appliances stove \$30, refrigerator \$105, washer/dryer \$125, microwave \$20, cookware \$100, silverware \$10   | : C   | 390.00  |
|    |   | Miscellaneous used household goods - Furniture: living room furniture \$20, entertainment center \$10, dining room furniture \$20, tables & chairs \$5, 3 bedroom sets \$50, dressers \$100, lamps \$30, desk \$10    | С   | 245.00  |
|    |   | Miscellaneous used household goods - Electronics 4 TVs \$175, 2 VCR \$20, 4 DVD players \$35, CD player \$10, Misc. stereo equipment \$20, 2 computers \$225, printer \$15, MP3 player \$20, 2 video game units \$120 | : <b>C</b>                                  | 640.00  |
| 5. | Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.  | X   |   |   |
| 6. | Wearing apparel.  | Personal Used Clothing  | С   | 200.00  |
| 7. | Furs and jewelry.   | Miscellaneous costume jewelry \$75, watches \$20, wedding rings \$800   | С   | 895.00  |
|    |   |   |   |   |

(Total of this page)

Sub-Total >

6,830.00

**3** continuation sheets attached to the Schedule of Personal Property

| In re | Brian D Scheuermann |
|-------|---------------------|
|       | Shervi A Scheuerman |

| Case No. |
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|          |

# SCHEDULE B - PERSONAL PROPERTY (Continuation Sheet)

|     | Type of Property  | N<br>O<br>N<br>E | Description and Location of Property   | Husband,<br>Wife,<br>Joint, or<br>Community | Current Value of<br>Debtor's Interest in Property,<br>without Deducting any<br>Secured Claim or Exemption |
|-----|---|------------------|--|---|---|
| 8.  | Firearms and sports, photographic, and other hobby equipment.   |                  | Photo equipment \$25, fishing tackle/gear \$40, 2 bicycles \$15, rifle \$75, bows/hunting equipment \$60, grill \$10 | С   | 225.00  |
| 9.  | Interests in insurance policies.  Name insurance company of each policy and itemize surrender or refund value of each.  |                  | Employer provided term life insurance - no cash value  | С   | 0.00  |
| 10. | Annuities. Itemize and name each issuer.  | X                |  |   |   |
| 11. | Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).) | X                |  |   |   |
| 12. | Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.   |                  | WI Retirement Fund - 100% exempt   | С   | 0.00  |
| 13. | Stock and interests in incorporated and unincorporated businesses. Itemize.   | X                |  |   |   |
| 14. | Interests in partnerships or joint ventures. Itemize.   | X                |  |   |   |
| 15. | Government and corporate bonds and other negotiable and nonnegotiable instruments.  | X                |  |   |   |
| 16. | Accounts receivable.  | X                |  |   |   |
| 17. | Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.  | X                |  |   |   |
| 18. | Other liquidated debts owed to debtor including tax refunds. Give particulars.  |                  | 2009 Anticipated Federal Tax Refund<br>State refund received 3/31/10   | С   | 2,500.00  |
| 19. | Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.  | X                |  |   |   |
|     |   |                  | (To  | Sub-Totatal of this page)                   | al > <b>2,725.00</b>  |

to the Schedule of Personal Property

| In re | Brian D Scheuermann  |
|-------|----------------------|
|       | Sheryl A Scheuermani |

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# SCHEDULE B - PERSONAL PROPERTY (Continuation Sheet)

|     | Type of Property  | N<br>O<br>N<br>E | Description and Location of Property   | Husband,<br>Wife,<br>Joint, or<br>Community | Current Value of<br>Debtor's Interest in Property,<br>without Deducting any<br>Secured Claim or Exemption |
|-----|---|------------------|--|---|---|
| 20. | Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.  | Х                |  |   |   |
| 21. | Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.  | F<br>9           | Funds taken as a non-voluntary garnishment in the 10 days prior to case filing by GE Money Bank. | С   | 1,148.04  |
| 22. | Patents, copyrights, and other intellectual property. Give particulars.   | X                |  |   |   |
| 23. | Licenses, franchises, and other general intangibles. Give particulars.  | X                |  |   |   |
| 24. | Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes. | X                |  |   |   |
| 25. | Automobiles, trucks, trailers, and other vehicles and accessories.  |                  | 2005 Ford Freestar<br>16,273 miles   | С   | 3,400.00  |
|     |   |                  | 998 Saturn<br>11,623 miles   | С   | 950.00  |
| 26. | Boats, motors, and accessories.   | X                |  |   |   |
| 27. | Aircraft and accessories.   | X                |  |   |   |
| 28. | Office equipment, furnishings, and supplies.  | X                |  |   |   |
| 29. | Machinery, fixtures, equipment, and supplies used in business.  | X                |  |   |   |
| 30. | Inventory.  | X                |  |   |   |
| 31. | Animals.  | X                |  |   |   |
| 32. | Crops - growing or harvested. Give particulars.   | X                |  |   |   |
|     |   |                  | (Total   | Sub-Tota of this page)                      | al > <b>5,498.04</b>  |

Sheet **2** of **3** continuation sheets attached to the Schedule of Personal Property

| In re | Brian D Scheuermann |
|-------|---------------------|
|       | Shervl A Scheuerman |

| Case No. |
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# **SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

| _   |  |                  |  |   |   |
|-----|--|------------------|--|---|---|
|     | Type of Property   | N<br>O<br>N<br>E | Description and Location of Property   | Husband,<br>Wife,<br>Joint, or<br>Community | Current Value of<br>Debtor's Interest in Property,<br>without Deducting any<br>Secured Claim or Exemption |
| 33. | Farming equipment and implements.                                | X                |  |   |   |
| 34. | Farm supplies, chemicals, and feed.                              | X                |  |   |   |
| 35. | Other personal property of any kind not already listed. Itemize. |                  | entry tools \$30, mechanical tools \$50, yard<br>& equipment \$20, lawnmower \$165 | С   | 265.00  |

Sub-Total > 265.00 (Total of this page)

Page 14 of 71

Total > 15,318.04

(Report also on Summary of Schedules)

In re

(Check one box)

■ 11 U.S.C. §522(b)(2)

Brian D Scheuermann, Sheryl A Scheuermann

Debtor claims the exemptions to which debtor is entitled under:

| Case No. |  |
|----------|--|
|          |  |

☐ Check if debtor claims a homestead exemption that exceeds

\$146,450. (Amount subject to adjustment on 4/1/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.)

Debtors

#### SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

| ☐ 11 U.S.C. §522(b)(3)   |  |                                  |   |
|--|--|----------------------------------|---|
| Description of Property  | Specify Law Providing<br>Each Exemption          | Value of<br>Claimed<br>Exemption | Current Value of<br>Property Without<br>Deducting Exemption |
| Real Property Homestead Real Estate Located at E6252 Progress Rd., Manawa WI. Parcel# 13 10 34 1   | 11 U.S.C. § 522(d)(1)                            | 14,439.00                        | 147,000.00  |
| Real Estate located at 323 N Main St., Hancock,<br>WI<br>Parcel# 136-01071-0451  | 11 U.S.C. § 522(d)(5)                            | 4,183.59                         | 101,000.00  |
| Cash on Hand<br>Cash   | 11 U.S.C. § 522(d)(5)                            | 60.00                            | 60.00   |
| <u>Checking, Savings, or Other Financial Accounts,</u><br>Checking account with Baylake Bank   | Certificates of Deposit<br>11 U.S.C. § 522(d)(5) | 2,000.00                         | 2,000.00  |
| Health Savings Account at M&I  | 11 U.S.C. § 522(d)(5)                            | 2,400.00                         | 2,400.00  |
| Household Goods and Furnishings Miscellaneous used household goods - Appliances: stove \$30, refrigerator \$105, washer/dryer \$125, microwave \$20, cookware \$100, silverware \$10   | 11 U.S.C. § 522(d)(3)                            | 390.00                           | 390.00  |
| Miscellaneous used household goods -<br>Furniture: living room furniture \$20,<br>entertainment center \$10, dining room furniture<br>\$20, tables & chairs \$5, 3 bedroom sets \$50,<br>dressers \$100, lamps \$30, desk \$10     | 11 U.S.C. § 522(d)(3)                            | 245.00                           | 245.00  |
| Miscellaneous used household goods -<br>Electronics: 4 TVs \$175, 2 VCR \$20, 4 DVD<br>players \$35, CD player \$10, Misc. stereo<br>equipment \$20, 2 computers \$225, printer \$15,<br>MP3 player \$20, 2 video game units \$120 | 11 U.S.C. § 522(d)(3)                            | 640.00                           | 640.00  |
| Wearing Apparel Personal Used Clothing   | 11 U.S.C. §522(d)(3)                             | 200.00                           | 200.00  |
| <u>Furs and Jewelry</u> Miscellaneous costume jewelry \$75, watches \$20, wedding rings \$800  | 11 U.S.C. § 522(d)(4)                            | 895.00                           | 895.00  |

11 U.S.C. § 522(d)(3)

11 U.S.C. § 522(d)(12)

225.00

100%

225.00

0.00

Best Case Bankruptcy

Firearms and Sports, Photographic and Other Hobby Equipment

Interests in IRA, ERISA, Keogh, or Other Pension or Profit Sharing Plans WI Retirement Fund - 100% exempt 11 U.S.C. § 522(d)(12)

Photo equipment \$25, fishing tackle/gear \$40, 2

bicycles \$15, rifle \$75, bows/hunting equipment

\$60, grill \$10

| n re | Brian D Scheuermann |
|------|---------------------|
|      | Sheryl A Scheuerman |

| Case No. |  |
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|          |  |

# SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

(Continuation Sheet)

| Description of Property  | Specify Law Providing<br>Each Exemption  | Value of<br>Claimed<br>Exemption | Current Value of<br>Property Without<br>Deducting Exemption |
|--|--|----------------------------------|---|
| Other Liquidated Debts Owing Debtor Including Ta<br>2009 Anticipated Federal Tax Refund<br>State refund received 3/31/10                           | <u>x Refund</u><br>11 U.S.C. § 522(d)(5) | 2,500.00                         | 2,500.00  |
| Other Contingent and Unliquidated Claims of Every Funds taken as a non-voluntary garnishment in the 90 days prior to case filing by GE Money Bank. | y Nature<br>11 U.S.C. § 522(d)(5)        | 1,148.04                         | 1,148.04  |
| Automobiles, Trucks, Trailers, and Other Vehicles<br>1998 Saturn<br>111,623 miles  | 11 U.S.C. § 522(d)(2)                    | 950.00                           | 950.00  |
| Other Personal Property of Any Kind Not Already I Carpentry tools \$30, mechanical tools \$50, yard tools & equipment \$20, lawnmower \$165        | <u>listed</u><br>11 U.S.C. § 522(d)(3)   | 265.00                           | 265.00  |

In re

Brian D Scheuermann, Sheryl A Scheuermann

| Case No. |
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Debtors

#### SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Unliquidated". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

| CDEDITOR'S NAME  |                  | Н   | usband, Wife, Joint, or Community  | 00          | UN          | DI    | AMOUNT OF   |                                 |
|--|------------------|-----|--|-------------|-------------|-------|---|---------------------------------|
| CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)   | E<br>E<br>T<br>C | ) C |  | NT I NG E N | LIQUIDAT    | SPUTE | CLAIM<br>WITHOUT<br>DEDUCTING<br>VALUE OF<br>COLLATERAL | UNSECURED<br>PORTION, IF<br>ANY |
| Account No. xxxxxx1529   |                  |     | Opened 6/01/06 Last Active 11/24/09  | Т           | T<br>E<br>D |       |   |                                 |
| Citimortaga Inc  |                  |     | First Mortgage   | -           | Ь           |       |   |                                 |
| Citimortgage Inc<br>Po Box 9438<br>Gaithersburg, MD 20898  |                  | С   | Homestead Real Estate<br>Located at E6252 Progress Rd., Manawa<br>WI.<br>Parcel# 13 10 34 1                                  | 1           |             |       |   |                                 |
|  |                  |     | Value \$ 147,000.00  |             |             |       | 127,567.00  | 0.00                            |
| Account No. xxxxxxxxx2684  |                  |     | Opened 5/01/06 Last Active 10/08/09  |             |             |       |   |                                 |
| Marshall & Ilsley Bank<br>Attn: Bankruptcy<br>770 N Water St<br>Milwaukee, WI 53202                    |                  | С   | First Mortgage  Real Estate located at 323 N Main St., Hancock, WI Parcel# 136-01071-0451                                    |             |             |       |   |                                 |
|  |                  |     | Value \$ 101,000.00  |             |             |       | 74,028.00   | 0.00                            |
| Account No. xxxxxxxxx6277  Marshall & Ilsley Bank Attn: Bankruptcy 770 N Water St Milwaukee, WI 53202  |                  | С   | Opened 5/01/06 Last Active 9/02/09 Second Mortgage Real Estate located at 323 N Main St., Hancock, WI Parcel# 136-01071-0451 |             |             |       |   |                                 |
|  |                  |     | Value \$ 101,000.00  |             |             |       | 19,500.00   | 0.00                            |
| Account No. xxxxxxxxxx0001  Marshall & Ilsley Bank Attn: Bankruptcy 770 N Water St Milwaukee, WI 53202 |                  | С   | Opened 2/01/06 Last Active 12/10/09 Lien on Vehicle 2005 Ford Freestar 116,273 miles  Value \$ 3,400.00                      |             |             |       | 8,761,00  | 5,361.00                        |
|  |                  |     | 0,100100   | Subt        | Oto         | 1     | 0,761.00  | 5,361.00                        |
| 1 continuation sheets attached   |                  |     | (Total of  |             |             |       | 229,856.00  | 5,361.00                        |

| In re | Brian D Scheuermann, |         | Case No. |  |
|-------|----------------------|---------|----------|--|
|       | Sheryl A Scheuermann |         |          |  |
| _     |                      | Debtors | ,        |  |

# SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS (Continuation Sheet)

| Marshall & Ilsley Bank  | CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.) | C O D E B T O R | H<br>W<br>H | DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN | COZT L ZGEZT | י ט              | ローのPUTED | AMOUNT OF<br>CLAIM<br>WITHOUT<br>DEDUCTING<br>VALUE OF<br>COLLATERAL | UNSECURED<br>PORTION, IF<br>ANY |
|---|--|-----------------|-------------|--|--------------|------------------|----------|--|---------------------------------|
| Parcel# 13 10 34 1   Value S   147,000.00   4,994.00 | Marshall & Ilsley Bank<br>Attn: Bankruptcy<br>770 N Water St                                   |                 | С           | Second Mortgage  Homestead Real Estate Located at E6252 Progress Rd., Manawa                   | T            | A<br>T<br>E<br>D |          |  |                                 |
| Village of Hancock   PO Box 154   Hancock, WI 54943   C   C   C   | Milwaukee, WI 53202  |                 |             | Parcel# 13 10 34 1   | -            |                  |          | 4,994.00   | 0.00                            |
| Account No.    Value \$   Value \$  | Village of Hancock<br>PO Box 154   |                 | С           | Real Estate located at 323 N Main St.,<br>Hancock, WI  |              |                  |          |  |                                 |
| Account No.  Value \$  Value \$  Value \$  Value \$  Sheet 1 of 1 continuation sheets attached to Schedule of Creditors Holding Secured Claims  Value \$  Subtotal (Total of this page)   |  | L               |             | Value \$ 101,000.00  |              |                  |          | 3,288.41   | 0.00                            |
| Account No.  Value \$  Account No.  Value \$  Value \$  Sheet 1 of 1 continuation sheets attached to Schedule of Creditors Holding Secured Claims  (Total of this page)   |  |                 |             |  |              |                  |          |  |                                 |
| Account No.  Value \$  Sheet 1 continuation sheets attached to Schedule of Creditors Holding Secured Claims  Schedule of Creditors Holding Secured Claims  8,282.41   | Account No.  | _               |             | Value \$   |              |                  |          |  |                                 |
| Sheet 1 of 1 continuation sheets attached to Schedule of Creditors Holding Secured Claims  Sheet 1 of 1 continuation sheets attached to Schedule of Creditors Holding Secured Claims  Subtotal (Total of this page)   | A  | ╀               |             | Value \$   | Н            |                  |          |  |                                 |
| Sheet 1 of 1 continuation sheets attached to Schedule of Creditors Holding Secured Claims  Subtotal (Total of this page)  | Account No.  |                 |             | Value \$   |              |                  |          |  |                                 |
|   |  |                 | d to        | S  |              |                  |          | 8,282.41   | 0.00                            |
| (Report on Summary of Schedules)  | Schedule of Creditors Holding Secured Claims   | 8               |             |  | T            | ota              | 1        | 238,138.41   | 5,361.00                        |

In re

Brian D Scheuermann, Sheryl A Scheuermann

| Case No.  |
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| CASE INU. |

**Debtors** 

#### SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts <u>not</u> entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

| total also on the Statistical Summary of Certain Liabilities and Related Data.   |
|--|
| ■ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.  |
| TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)  |
| ☐ Domestic support obligations   |
| Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).  |
| ☐ Extensions of credit in an involuntary case  |
| Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. $\$$ 507(a)(3).   |
| ☐ Wages, salaries, and commissions   |
| Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$11,725* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4). |
| ☐ Contributions to employee benefit plans  |
| Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).   |
| ☐ Certain farmers and fishermen  |
| Claims of certain farmers and fishermen, up to \$5,775* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).   |
| ☐ Deposits by individuals  |
| Claims of individuals up to \$2,600* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).   |
| ☐ Taxes and certain other debts owed to governmental units   |
| Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).  |
| ☐ Commitments to maintain the capital of an insured depository institution   |
| Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).   |
| ☐ Claims for death or personal injury while debtor was intoxicated   |
| Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).   |

<sup>\*</sup> Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

In re

Brian D Scheuermann, Sheryl A Scheuermann

| Case No. |
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|----------|

Debtors

### SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)  Account No. xxx-xx-2600  Alliance Buisness Services 3916 South Business Park Ave PO Box 1210 | C O D E B T O R | Hu<br>H W<br>J C | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.  Collection for Riverside Medical Center | NH - NG | Z Q | C I S P U T E C |   | AMOUNT OF CLAIM |
|---|-----------------|------------------|--|---------|-----|-----------------|---|-----------------|
| Marshfield, WI 54449  |                 |                  |  |         |     |                 |   | 64.80           |
| Account No.  Riverside Medical Center 800 Riverside Dr Waupaca, WI 54981  |                 |                  | Representing:<br>Alliance Buisness Services  |         |     |                 |   | Notice Only     |
| Account No. xxx8846  Alliance Collection Ag 3916 S Business Park Ave Marshfield, WI 54449   |                 | С                | Opened 8/01/08<br>Collection for Riverside Medical Center  |         |     |                 |   | 502.00          |
| Account No.  Riverside Medical Center 800 Riverside Dr Waupaca, WI 54981  |                 |                  | Representing: Alliance Collection Ag   |         |     |                 |   | Notice Only     |
| 13 continuation sheets attached   |                 | •                | S<br>(Total of t   | Subt    |     |                 | ) | 566.80          |

| In re | Brian D Scheuermann, | Case No. |
|-------|----------------------|----------|
|       | Sheryl A Scheuermann |          |

| CREDITOR'S NAME,  | Ç        | Нι          | usband, Wife, Joint, or Community       | CO         | U<br>N | D    |                 |
|---|----------|-------------|---|------------|--------|------|-----------------|
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)          | CODEBTOR | C<br>A<br>M |   | NT I NG EN | l<br>L | SPUT | AMOUNT OF CLAIM |
| Account No. xxx8847   |          |             | Opened 8/01/08                          | ٦          | T<br>E |      |                 |
| Alliance Collection Ag<br>3916 S Business Park Ave<br>Marshfield, WI 54449                |          | С           | Collection for Riverside Medical Center |            | D      |      | 271.00          |
| Account No.   |          |             |   |            |        |      |                 |
| Riverside Medical Center<br>800 Riverside Dr<br>Waupaca, WI 54981                         |          |             | Representing:<br>Alliance Collection Ag |            |        |      | Notice Only     |
| Account No. xxxxxxxxxxx7710   |          |             | Opened 5/01/04 Last Active 1/23/06      |            |        |      |                 |
| American General Finance<br>Po Box 3121<br>Evansville, IN 47731                           |          | С           | ChargeAccount                           |            |        |      | 0.00            |
| Account No. xxxxxxxx6516  |          |             | Opened 8/01/01 Last Active 5/25/04      |            | T      |      |                 |
| Applied Card Bank<br>Attention: General Inquiries<br>Po Box 17125<br>Wilmington, DE 19850 |          | С           | CreditCard                              |            |        |      | 0.00            |
| Account No. xxxxxx9336  |          |             | Opened 7/01/06 Last Active 12/17/09     |            |        |      |                 |
| Aqua Finance Inc<br>1 Corporate Dr<br>Wausau, WI 54401                                    |          | С           | InstallmentSalesContract                |            |        |      | 256.00          |
| Sheet no1 of _13_ sheets attached to Schedule of  |          |             |   | Sub        |        |      | 527.00          |
| Creditors Holding Unsecured Nonpriority Claims  |          |             | (Total of t                             | his        | pag    | ge)  |                 |

| In re | Brian D Scheuermann, | Case No. |  |
|-------|----------------------|----------|--|
|       | Sheryl A Scheuermann |          |  |

|   |        |     |   | _       |          | _         |                 |
|---|--------|-----|---|---------|----------|-----------|-----------------|
| CREDITOR'S NAME,  | CO     | Hu  | sband, Wife, Joint, or Community  | CO      | UZU.     | D         |                 |
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)  | DEBTOR | J C | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | N – Z G | LLQULDAT | S P U T E | AMOUNT OF CLAIM |
| Account No. 1230  |        |     | Opened 7/01/03 Last Active 10/08/09   | ] ⊤     | T        |           |                 |
| Bank Of America<br>Po Box 1598<br>Norfolk, VA 23501                               |        | С   | CreditCard  |         | E<br>D   |           | 3,625.00        |
| Account No. 5279  |        |     | Opened 9/01/03 Last Active 10/05/09   |         |          |           |                 |
| Bank Of America<br>Po Box 1598<br>Norfolk, VA 23501                               |        | С   | CreditCard  |         |          |           | 1,315.00        |
| Account No. xxxxxxx4197   | ╀      |     | Opened 7/01/01 Last Active 6/01/04  | ₩       |          | ┢         | 1,21212         |
| Capital 1 Bank Attn: C/O TSYS Debt Management Po Box 5155 Norcross, GA 30091      |        | С   | CreditCard  | ,       |          |           | 0.00            |
| Account No. xxxxxxxx6000  |        |     | Opened 2/01/05 Last Active 9/22/09  | T       |          | Г         |                 |
| Chase<br>Po Box 15298<br>Wilmington, DE 19850                                     |        | С   | CreditCard  |         |          |           | 0.00            |
| Account No. xxxxxxxx2440  |        |     | Opened 12/28/07 Last Active 12/01/08  | Г       |          | Г         |                 |
| Citibank<br>Attn: Centralized Bankruptcy<br>Po Box 20507<br>Kansas City, MO 64195 |        | С   | CreditCard  |         |          |           | 0.00            |
| Sheet no. 2 of 13 sheets attached to Schedule of                                  |        |     | 2   | Subt    | ota      | .1        | 4 040 00        |
| Creditors Holding Unsecured Nonpriority Claims                                    |        |     | (Total of t   | his     | pag      | ge)       | 4,940.00        |

| In re | Brian D Scheuermann, | Case No. |
|-------|----------------------|----------|
|       | Sheryl A Scheuermann |          |

| CDEDITOD'S NAME   | Ç        | Hu          | sband, Wife, Joint, or Community  | Ç          | U           | D        | T  |                 |
|---|----------|-------------|---|------------|-------------|----------|----|-----------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | J<br>H<br>H | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDAT  | I SPUTED |    | AMOUNT OF CLAIM |
| Account No. xxxxxxxxxxxx9365  |          |             | Opened 8/01/06 Last Active 11/05/08   | ] ⊤        | T<br>E<br>D |          | Γ  |                 |
| Citibank Usa<br>Attn.: Centralized Bankruptcy<br>Po Box 20507<br>Kansas City, MO 64195            |          | С           | ChargeAccount   |            | Ь           |          |    | 2,269.00        |
| Account No. xx4893  |          |             | Last Active 4/17/08   |            |             |          | T  |                 |
| Cr Sys Fox<br>1055 Winneconne Ave.<br>Neenah, WI 54957  |          | С           | Collection for Theda Clark Medical Center   |            |             |          |    |                 |
|   |          |             |   |            |             |          |    | 0.00            |
| Account No.  Theda Clark Medical Center 130 2nd St Neenah, WI 54956                               |          |             | Representing:<br>Cr Sys Fox   |            |             |          |    | Notice Only     |
| Account No. xxxxxxxx6030  Discover Fin Svcs Llc Pob 15316 Wilmington, DE 19850                    |          | С           | Opened 10/01/04 Last Active 11/03/08 CreditCard   |            |             |          |    | 7,502.00        |
| Account No. xxxx6049  | $\vdash$ | $\vdash$    | Education   | +          | $\vdash$    | +        | +  |                 |
| ECSI<br>181 Montour Run Road<br>Coraopolis, PA 15108  |          | С           | Luddion   |            |             |          |    | 5,946.78        |
| Sheet no. <b>3</b> of <b>13</b> sheets attached to Schedule of                                    |          |             |   | Sub        |             |          | T  | 15,717.78       |
| Creditors Holding Unsecured Nonpriority Claims  |          |             | (Total of t   | his        | pag         | ge)      | ۱, |                 |

| In re | Brian D Scheuermann, | Case No. |
|-------|----------------------|----------|
|       | Sheryl A Scheuermann |          |

| CDEDITOD'S NAME   | Ç               | Hu          | sband, Wife, Joint, or Community  | 7      | )<br>)         | U                     | D        |                 |
|---|-----------------|-------------|---|--------|----------------|-----------------------|----------|-----------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)                           | C O D E B T O R | C<br>A<br>M | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. |        | N   U<br>G   I | L<br>I<br>Q<br>U<br>I | I SPUTED | AMOUNT OF CLAIM |
| Account No. xxx-xx-2600   |                 |             | Unsecured   | 7      |                | T<br>E<br>D           |          |                 |
| Empi<br>599 Cardigan Rd<br>Saint Paul, MN 55126-4099  |                 | С           |   |        |                | )                     |          | 183.99          |
| Account No. xxxxxxxxxxxx6467  |                 |             | Opened 6/01/03 Last Active 11/09/08   | $\top$ | T              | 7                     | $\dashv$ |                 |
| Exxmblciti Attn.: Centralized Bankruptcy Po Box 20507 Kansas City, MO 64195   |                 | С           | CreditCard  |        |                |                       |          | 1,385.00        |
| Account No. xxxxxx9089  | ╁               |             | Opened 1/01/03 Last Active 8/01/04  | +      | +              | +                     | $\dashv$ |                 |
| First National Bank Credit Card Center<br>Attention: Bankruptcy Department<br>Po Box 3331 Stop Code 3105<br>Omaha, NE 68103 |                 | С           | ChargeAccount   |        |                |                       |          | 0.00            |
| Account No. xxxxxxxx3522  | t               |             | Opened 9/01/03 Last Active 10/31/08   | $\top$ | 十              | $\dagger$             | $\dashv$ |                 |
| GEMB / Old Navy<br>Attention: Bankruptcy<br>Po Box 103106<br>Roswell, GA 30076  |                 | С           | ChargeAccount   |        |                |                       |          | 0.00            |
| Account No. xxxxxxxx0058  | T               |             | Opened 10/01/03 Last Active 4/29/09   | 十      | $\dagger$      | †                     | $\dashv$ |                 |
| Gemb/gap<br>Po Box 981400<br>El Paso, TX 79998  |                 | С           | ChargeAccount   |        |                |                       |          | 0.00            |
| Sheet no. 4 of 13 sheets attached to Schedule of  |                 |             |   |        | bto            |                       |          | 1,568.99        |
| Creditors Holding Unsecured Nonpriority Claims  |                 |             | (Total o  | thi    | s pa           | age                   | e)       | .,555.36        |

| In re | Brian D Scheuermann, | Case No. |
|-------|----------------------|----------|
|       | Sheryl A Scheuermann |          |

|  | ١.         |             |   | T -    |            | <del>-</del> | 1               |
|--|------------|-------------|---|--------|------------|--------------|-----------------|
| CREDITOR'S NAME,   | CO         | Hu          | sband, Wife, Joint, or Community  | S      | l U        | ΙP           |                 |
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | DE B T O R | C<br>A<br>H | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | NT INC | LIQUIDATED | DISPUTED     | AMOUNT OF CLAIM |
| Account No. xxxxxx0088   |            |             | Opened 10/01/04 Last Active 11/11/08  | ]⊤     | T<br>E     |              |                 |
| Gemb/jcp<br>Attention: Bankruptcy<br>Po Box 103106<br>Roswell, GA 30076          |            | С           | ChargeAccount   |        | D          |              | 2,348.00        |
| Account No. xxxxxxxx8335   |            |             | Opened 10/10/04 Last Active 11/11/08  |        |            |              |                 |
| Gemb/jcp<br>Attention: Bankruptcy<br>Po Box 103106<br>Roswell, GA 30076          |            | С           | ChargeAccount   |        |            |              |                 |
|  |            |             |   |        |            |              | 2,348.00        |
| Account No. xxxxxxxx0783  Gemb/mens Wearhouse Po Box 103104 Atlanta, GA 30328    |            | н           | Opened 3/17/03 Last Active 5/25/04 ChargeAccount  |        |            |              | 0.00            |
| Account No. xxxxxxxx2061   |            |             | Opened 2/01/05 Last Active 10/11/09   | T      |            |              |                 |
| Gemb/walmart<br>Po Box 981400<br>El Paso, TX 79998                               |            | С           | ChargeAccount   |        |            |              | 566.00          |
| Account No. xxxxxx2405   |            |             | Opened 11/01/03 Last Active 11/19/09  | T      |            | T            |                 |
| Glelsi/slm Edu Credit<br>2401 International Ln<br>Madison, WI 53704              |            | н           | Educational   |        |            |              | 36,278.00       |
| Sheet no5 of _13_ sheets attached to Schedule of                                 |            |             | 2   | Subt   | ota        | ıl           | 41,540.00       |
| Creditors Holding Unsecured Nonpriority Claims                                   |            |             | (Total of t   | his    | pag        | ge)          | 41,540.00       |

| In re | Brian D Scheuermann, | Case No. |
|-------|----------------------|----------|
|       | Sheryl A Scheuermann |          |

| CREDITOR'S NAME,  | ļç            | Hu               | sband, Wife, Joint, or Community  | 00            | Ü            | D |                 |
|---|---------------|------------------|---|---------------|--------------|---|-----------------|
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)                              | O D E B T O R | H<br>W<br>J<br>C | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | OZH _ ZG WZ H | UZ LL QULDAH |   | AMOUNT OF CLAIM |
| Account No. xxxxxxxxxxx0004   |               |                  | Education   | T             | T<br>E<br>D  |   |                 |
| Great Lakes<br>PO Box 3059<br>Milwaukee, WI 53201-3059  |               | С                |   |               | D            |   | 36,000.00       |
| Account No. xxxxxxxxxxx0010   |               |                  | Education   |               |              |   |                 |
| Great Lakes<br>PO Box 3059<br>Milwaukee, WI 53201-3059  |               | С                |   | ,             |              |   | 74,000.00       |
| Account No. xxxxxxxx1167  | t             |                  | 09/09/09  | $\vdash$      | Н            |   |                 |
| Hill & Walczak<br>214 West Grand Ave Office 23<br>Po Box 398<br>Wisconsin Rapids, WI 54494                    |               | С                | Judgement   |               |              |   | 646.84          |
| Account No.   |               |                  |   | T             |              |   |                 |
| Riverside Medical Center<br>800 Riverside Dr<br>Waupaca, WI 54981   |               |                  | Representing:<br>Hill & Walczak   | ,             |              |   | Notice Only     |
| Account No. xxxxxxxx0814  |               |                  | Opened 12/30/04 Last Active 11/14/08 Credit Card, credit use  |               |              |   |                 |
| HSBC Retail Services<br>PO Box 5244<br>Carol Stream, IL 60197   |               | С                |   |               |              |   |                 |
|   |               |                  |   |               |              | L | 0.00            |
| Sheet no. <u>6</u> of <u>13</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims |               |                  | (Total of t   | Subt<br>his 1 |              |   | 110,646.84      |

| In re | Brian D Scheuermann, | Case No. |
|-------|----------------------|----------|
|       | Sheryl A Scheuermann |          |

| CREDITOR'S NAME,  | ç        | Hu          | sband, Wife, Joint, or Community  | CO   | Ü     | P      | эΤ          |                 |
|---|----------|-------------|---|------|-------|--------|-------------|-----------------|
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)                              | CODEBTOR | J<br>H<br>H | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. |      | LIQUL | T<br>E | 3<br>J<br>T | AMOUNT OF CLAIM |
| Account No. xxxxxxxxxxx2859   |          |             | Opened 4/08/05 Last Active 10/20/08   | 1 T  | DATED |        | Ī           |                 |
| Hscb/nautl<br>90 Christiana Road<br>New Castle, DE 19720  |          | н           | ChargeAccount   |      | D     |        |             | 2,462.00        |
| Account No. x1512   |          |             | Last Active 8/31/04   |      |       |        |             |                 |
| Jvdb Asc<br>P O Box 5718<br>Elgin, IL 60121   |          | С           | Collection for Northeast Ob Gyn S C   |      |       |        |             |                 |
|   |          |             |   |      |       |        |             | 0.00            |
| Account No.  Northeast OB GYN 7950 N. Port Washington Rd Fox Point, WI 53217                                  |          |             | Representing:<br>Jvdb Asc   |      |       |        |             | Notice Only     |
| Account No. xxxxxx0220  Keycrp Stdnt Ln Trust/ 2401 International Ln Madison, WI 53704                        |          | С           | Opened 1/01/06 Last Active 6/20/07 Educational  |      |       |        |             | 81,135.00       |
| Account No. xx4709  Keyfinserv 5315 Wall Street Madison, WI 53718   |          | С           | Last Active 2/23/08<br>Collection for St Clare Hospital                                       |      |       |        |             | 0.00            |
| Sheet no. <u>7</u> of <u>13</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims |          |             | (Total of t   | Subt |       |        |             | 83,597.00       |
| rotoms chocoates fromprionity claims  |          |             | (1000101  | 0    | r~6   | ラーノ    | 7 I         |                 |

| In re | Brian D Scheuermann, | Case No. |
|-------|----------------------|----------|
|       | Sheryl A Scheuermann |          |

| CDEDIMODIC MANE   | С        | Нι          | usband, Wife, Joint, or Community    | С          | U                     | D        |                 |
|---|----------|-------------|--------------------------------------|------------|-----------------------|----------|-----------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)             | CODEBTOR | C<br>J<br>M | DATE OF AIM WAS INCURRED AND         | CONTINGENT | N L L Q U L D A F E D | DISPUTED | AMOUNT OF CLAIM |
| Account No.   |          |             |                                      | T          | T<br>E<br>D           |          |                 |
| St. Clare Hospital & Health Services<br>PO Box 135<br>Baraboo, WI 53913                                       |          |             | Representing:<br>Keyfinserv          |            |                       |          | Notice Only     |
| Account No. xxxxxxxx5752  |          |             | Opened 10/09/04 Last Active 3/30/09  |            |                       |          |                 |
| Kohls/chase<br>N56 W 17000 Ridgewood Dr<br>Menomonee Falls, WI 53051  |          | С           | CreditCard                           |            |                       |          | 0.00            |
| Account No. xxxxxx1683  |          |             | Opened 11/01/04 Last Active 11/21/08 | $\perp$    |                       |          |                 |
| Kohn Law Firm<br>312 E Wisconsin Ave<br>Suite 501<br>Milwaukee, WI 53202                                      |          | С           | Waupaca County Judgment              |            |                       |          | 4,939.00        |
| Account No.   |          |             |                                      |            |                       |          |                 |
| Discover Bank<br>PO Box 15251<br>Wilmington, DE 19886-5251  |          |             | Representing:<br>Kohn Law Firm       |            |                       |          | Notice Only     |
| Account No.   |          |             |                                      |            |                       |          |                 |
| Discover Fin Svcs Llc<br>Pob 15316<br>Wilmington, DE 19850  |          |             | Representing:<br>Kohn Law Firm       |            |                       |          | Notice Only     |
| Sheet no. <b>8</b> of <b>13</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims |          |             | (Total of t                          | Sub<br>his |                       |          | 4,939.00        |

| In re | Brian D Scheuermann, | Case No. |
|-------|----------------------|----------|
|       | Sheryl A Scheuermann |          |

| CREDITOR'S NAME,   | C        | Hu          | sband, Wife, Joint, or Community  | CO        | U                | D         |   |                |
|--|----------|-------------|---|-----------|------------------|-----------|---|----------------|
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)   | CODEBTOR | C<br>A<br>M | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | ONTINGENT | I                | S P U T E |   | MOUNT OF CLAIM |
| Account No. xxxV824  |          |             | 12/02/09  | 1         | A<br>T<br>E<br>D |           |   |                |
| Kohn Law Firm<br>312 E Wisconsin Ave<br>Suite 501<br>Milwaukee, WI 53202   |          | С           | Waupaca County Judgment   |           | D                |           | _ | 8,098.19       |
| Account No.  Discover Bank PO Box 3025 New Albany, OH 43054  |          |             | Representing:<br>Kohn Law Firm  |           |                  |           |   | Notice Only    |
| Account No. xxxxxxxxx1820  Macys/fdsb Macy's Bankruptcy Po Box 8053 Mason, OH 45040  |          | С           | Opened 9/01/08 Last Active 10/09/09<br>ChargeAccount  |           |                  |           |   | 142.00         |
| Account No. xxxxxx9545  Marshal & IIsley Bank P.O Box 2045 Milwaukee, WI 53201   |          | С           | 02/11/10<br>Overdrawn account   |           |                  |           |   | 823.63         |
| Account No. xxxxxxxx1447  Meyer & Njus, P.A. Steven A. Linder 1100 U.S. Bank Plaza 200 South Sixth St. Minneapolis, MN 55402 |          | С           | 11/05/09<br>Waupaca County Judgment   |           |                  |           |   | 2,331.33       |
| Sheet no. <b>9</b> of <b>13</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims                |          |             | (Total of t   | Subt      |                  |           |   | 11,395.15      |

| In re | Brian D Scheuermann, | Case No. |
|-------|----------------------|----------|
|       | Sheryl A Scheuermann |          |

| CREDITOR'S NAME,   | ç        | Ηu          | sband, Wife, Joint, or Community  | CO        | U<br>N          | D    |                 |
|--|----------|-------------|---|-----------|-----------------|------|-----------------|
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | C<br>J<br>H | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | ONTINGENT | NL I QU I DATED | SPUT | AMOUNT OF CLAIM |
| Account No.  |          |             |   | T         | E               |      |                 |
| GE Money Bank<br>PO Box 981127<br>El Paso, TX 79998-1127                         |          |             | Representing:<br>Meyer & Njus, P.A.   |           |                 |      | Notice Only     |
| Account No. xxxxxx3223   |          |             | Opened 7/01/09  | Г         |                 |      |                 |
| Midland Credit Mgmt<br>8875 Aero Dr<br>San Diego, CA 92123                       |          | С           | Collection for Hsbc Bank Nevada N.A.  |           |                 |      | 4 292 00        |
|  |          |             |   | ot        |                 |      | 1,283.00        |
| Account No.  HSBC Bank PO Box 80084 Salinas, CA 93912-0084                       |          |             | Representing:<br>Midland Credit Mgmt  |           |                 |      | Notice Only     |
| Account No. xxx-xx-2600  |          |             | Medical   |           |                 |      |                 |
| Orthopaedic Specialists, SC<br>1516 S Commercial St<br>Neenah, WI 54956          |          | С           |   |           |                 |      | 225.00          |
| Account No. xxxxxxxxxxxx8780   |          |             | Collection for Ge Money Bank Mills Fleet  |           |                 |      |                 |
| Paragonway<br>2101 West Ben Whit<br>Austin, TX 78704                             |          | С           |   |           |                 |      | 2,677.00        |
| Sheet no. <b>10</b> of <b>13</b> sheets attached to Schedule of                  |          |             |   | Subt      |                 |      | 4,185.00        |
| Creditors Holding Unsecured Nonpriority Claims                                   |          |             | (Total of t   | nis       | pag             | ge)  |                 |

| In re | Brian D Scheuermann, | Case No. |
|-------|----------------------|----------|
|       | Sheryl A Scheuermann |          |

| CDEDITORIG MANG   | С        | Н           | usband, Wife, Joint, or Community                             | С          | U                     | D        |                 |
|---|----------|-------------|---|------------|-----------------------|----------|-----------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)                           | CODEBTOR | C<br>A<br>M | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM | CONTINGENT | N L I Q U I D A T E D | DISPUTED | AMOUNT OF CLAIM |
| Account No.   |          |             |   |            | E<br>D                |          |                 |
| Gemb/mills Fleet Farm<br>Attention: Bankruptcy<br>Po Box 103106<br>Roswell, GA 30076  |          |             | Representing:<br>Paragonway                                   |            |                       |          | Notice Only     |
| Account No. xxxxxxxxxxxx9363  |          |             | Collection for Ge Money Bank Mills Fleet                      |            | Г                     |          |                 |
| Paragonway<br>2101 West Ben Whit<br>Austin, TX 78704  |          | Н           |   |            |                       |          |                 |
| -   |          |             |   |            | L                     |          | 2,669.00        |
| Account No.  Gemb/mills Fleet Farm Attention: Bankruptcy Po Box 103106 Roswell, GA 30076                                    |          |             | Representing:<br>Paragonway                                   |            |                       |          | Notice Only     |
| Account No. xxxxxxxx1038  Rausch, Sturm, Israel & Hornik 2448 South 102nd St, Suite 210 P.O. Box 270288 Milwaukee, WI 53227 |          | С           | 8/21/09<br>Judgement  |            |                       |          | 2,579.30        |
| Account No.   |          |             |   |            |                       |          | ,               |
| Citibank<br>701 E 60th St North<br>Sioux Falls, SD 57117  |          |             | Representing:<br>Rausch, Sturm, Israel & Hornik               |            |                       |          | Notice Only     |
| Sheet no11_ of _13_ sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims                           |          |             | (Total of t   | Sub<br>his |                       |          | 5,248.30        |

| In re | Brian D Scheuermann, | Case No. |
|-------|----------------------|----------|
|       | Sheryl A Scheuermann |          |

#### SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

Husband, Wife, Joint, or Community UNL-QU-DATED CODEBTOR CONTINGENT CREDITOR'S NAME, **MAILING ADDRESS** DATE CLAIM WAS INCURRED AND INCLUDING ZIP CODE, W CONSIDERATION FOR CLAIM. IF CLAIM AND ACCOUNT NUMBER C AMOUNT OF CLAIM IS SUBJECT TO SETOFF, SO STATE. (See instructions above.) Opened 5/13/07 Last Active 6/16/08 Account No. xxxxxxxx1283 ChargeAccount Rogers & Hol C Po Box 879 Matteson, IL 60443 0.00 Opened 8/01/05 Last Active 10/11/09 Account No. x4208 ChargeAccount **Target** С Po Box 9475 Minneapolis, MN 55440 461.00 Account No. x4376 Opened 8/01/05 Last Active 10/06/09 ChargeAccount Target Н Po Box 9475 Minneapolis, MN 55440 226.00 Medical Account No. xxx-xx-2600 ThedaCare at Home C PO Box 469 Neenah, WI 54956 72.25 Account No. xxxxxxxxxxXR24A Opened 8/26/03 Last Active 1/30/06 Educational **Univ Wis** C **Accts Rec Office** Milwaukee, WI 53201 0.00 Sheet no. 12 of 13 sheets attached to Schedule of Subtotal

(Total of this page)

Creditors Holding Unsecured Nonpriority Claims

759.25

| In re | Brian D Scheuermann, |
|-------|----------------------|
|       | Sheryl A Scheuermann |

| Case No. |  |  |
|----------|--|--|
|          |  |  |

| CREDITOR'S NAME,   | C<br>O  | Hu      | sband, Wife, Joint, or Community  |        | C<br>O                | U          | D       |                 |
|--|---------|---------|---|--------|-----------------------|------------|---------|-----------------|
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)     | ODEBFOR | H W J C | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. |        | N<br>T<br>I<br>N<br>G | Ļ          | ISPUTED | AMOUNT OF CLAIM |
| Account No. xxxxxxxxxxxx9128   |         |         | Opened 2/11/05 Last Active 11/14/08   |        | Т                     | T<br>E     |         |                 |
| Us Bank/na Nd<br>Attn: Bankruptcy Dept<br>Po Box 5229<br>Cincinnati, OH 45201        |         | С       | ChargeAccount   |        |                       | ED         |         | 1,912.00        |
| Account No. xxxxxxxxxxxXXXXXXXXXXXXXXXXXXXXXXXXXX                                    |         |         | Opened 8/23/99 Last Active 7/13/07  |        | 7                     |            |         |                 |
| Uwsp Prkndsl<br>2100 Main St<br>Stevens Point, WI 54481                              |         | Н       | Educational   |        |                       |            |         |                 |
|  |         |         |   |        |                       |            |         | 5,946.00        |
| Account No. xxxxxxxxxxxxxxx0871  Victoria's Secret Po Box 182273  Columbus, OH 43218 |         | С       | Opened 6/01/03 Last Active 10/10/09<br>ChargeAccount  |        |                       |            |         |                 |
|  |         |         |   |        |                       |            |         | 363.00          |
| Account No.  |         |         | Utility   |        |                       |            |         |                 |
| Village of Hancock<br>Water Utilty/Sewer<br>PO Box 154<br>Hancock, WI 54943          |         | С       |   |        |                       |            |         | 122.46          |
| Account No. xx8963   |         |         | Opened 6/01/99 Last Active 6/01/03  | +      | +                     |            |         |                 |
| Wi Electric Attention: Bankruptcy Po Box 2046 Milwaukee, WI 53201                    |         | С       | Utility   |        |                       |            |         | 119.00          |
| Sheet no. 13 of 13 sheets attached to Schedule of                                    |         |         |   | Su     | bto                   | ota        | l       | 0.460.40        |
| Creditors Holding Unsecured Nonpriority Claims                                       |         |         | (Total  | of thi | s p                   | ag         | e)      | 8,462.46        |
|  |         |         | (Report on Summary o  | Sch    |                       | ota<br>ule |         | 294,093.57      |

In re

Brian D Scheuermann, Sheryl A Scheuermann

| Case No. |  |  |
|----------|--|--|
|          |  |  |

Debtors

#### SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

■ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract

Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract. In re

Brian D Scheuermann, Sheryl A Scheuermann

Debtors

#### **SCHEDULE H - CODEBTORS**

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR

NAME AND ADDRESS OF CREDITOR

|       | Brian D Scheuermann  |
|-------|----------------------|
| In re | Sheryl A Scheuermann |

| Cas | e N | lo. |
|-----|-----|-----|
| Cas | er  | ١O  |

Debtor(s)

### SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

| Debtor's Marital Status:  | DEPENDENTS   | OF DEBTOR AND SI            | POUSE            |            |          |
|---|--|-----------------------------|------------------|------------|----------|
| Married   | RELATIONSHIP(S):  Daughter  Daughter  Daughter       | AGE(S):<br>13<br>5<br>7     |                  |            |          |
| <b>Employment:</b>  | DEBTOR   |                             | SPOUSE           |            |          |
|   | Jnemployed   | City administ               |                  |            |          |
| 1 2   | N/A  | City of Weyau               | ıwega            |            |          |
|   | months   | 4 years                     |                  |            |          |
| Address of Employer   |  | 109 E Main Si<br>Weyauwega, |                  |            |          |
|   | rojected monthly income at time case filed)          |                             | DEBTOR           |            | SPOUSE   |
|   | commissions (Prorate if not paid monthly)            | \$ _                        | 0.00             | \$ _       | 5,586.67 |
| 2. Estimate monthly overtime  |  | \$ _                        | 0.00             | \$_        | 0.00     |
| 3. SUBTOTAL   |  | \$_                         | 0.00             | \$_        | 5,586.67 |
| 4. LESS PAYROLL DEDUCTIONS a. Payroll taxes and social secur        | rity   | <del></del>                 | 0.00             | \$         | 995.24   |
| b. Insurance  | inty   | \$ <del>-</del>             | 0.00             | \$ -       | 157.06   |
| c. Union dues   |  | <u> </u>                    | 0.00             | \$ -       | 0.00     |
| d. Other (Specify):   |  | \$                          | 0.00             | \$ -       | 0.00     |
|   |  | \$                          | 0.00             | \$         | 0.00     |
| 5. SUBTOTAL OF PAYROLL DED  | UCTIONS  | \$_                         | 0.00             | \$_        | 1,152.30 |
| 6. TOTAL NET MONTHLY TAKE   | HOME PAY   | \$_                         | 0.00             | \$_        | 4,434.37 |
| 7. Regular income from operation of                                 | business or profession or farm (Attach detailed star | tement) \$                  | 0.00             | \$         | 0.00     |
| 8. Income from real property  | r  | \$                          | 0.00             | \$         | 0.00     |
| 9. Interest and dividends   |  | \$                          | 0.00             | \$         | 0.00     |
| dependents listed above   | t payments payable to the debtor for the debtor's us | e or that of \$             | 0.00             | \$         | 0.00     |
| 11. Social security or government ass (Specify): <b>Unemploymen</b> |  | •                           | 1 291 00         | Ф          | 0.00     |
| (Specify): Unemploymen  | t beliefits  | \$ _                        | 1,281.00<br>0.00 | ф –        | 0.00     |
| 12. Pension or retirement income                                    |  |                             | 0.00             | φ <u>-</u> | 0.00     |
| 13. Other monthly income  |  | Φ                           | 0.00             | φ_         | 0.00     |
| (Specify):  |  | \$                          | 0.00             | \$         | 0.00     |
|   |  | \$                          | 0.00             | \$ _       | 0.00     |
| 14. SUBTOTAL OF LINES 7 THRO  | OUGH 13  | \$_                         | 1,281.00         | \$_        | 0.00     |
| 15. AVERAGE MONTHLY INCOM   | IE (Add amounts shown on lines 6 and 14)             | \$_                         | 1,281.00         | \$_        | 4,434.37 |
| 16. COMBINED AVERAGE MONT   | THLY INCOME: (Combine column totals from line        | e 15)                       | \$               | 5,71       | 5.37     |

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:

In re

| Brian D Scheuermann<br>Sheryl A Scheuermann |           | Case No. |  |
|---|-----------|----------|--|
|   | Debtor(s) |          |  |

## SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.

| $\square$ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complex expenditures labeled "Spouse."                             | ete a separate | schedule of |
|--|----------------|-------------|
| 1. Rent or home mortgage payment (include lot rented for mobile home)  | \$             | 1,341.00    |
| a. Are real estate taxes included? Yes X No  |                |             |
| b. Is property insurance included? Yes X No  |                |             |
| 2. Utilities: a. Electricity and heating fuel  | \$             | 400.00      |
| b. Water and sewer   | \$             | 34.00       |
| c. Telephone   | \$             | 112.00      |
| d. Other See Detailed Expense Attachment   | \$             | 159.00      |
| 3. Home maintenance (repairs and upkeep)   | \$             | 100.00      |
| 4. Food  | \$             | 650.00      |
| 5. Clothing  | \$             | 150.00      |
| 6. Laundry and dry cleaning  | \$             | 60.00       |
| 7. Medical and dental expenses   | \$             | 220.00      |
| 8. Transportation (not including car payments)   | \$             | 400.00      |
| 9. Recreation, clubs and entertainment, newspapers, magazines, etc.  | \$             | 100.00      |
| 10. Charitable contributions   | \$             | 100.00      |
| 11. Insurance (not deducted from wages or included in home mortgage payments)  | ·              |             |
| a. Homeowner's or renter's   | \$             | 0.00        |
| b. Life  | \$             | 0.00        |
| c. Health  | \$             | 0.00        |
| d. Auto  | \$             | 120.00      |
| e. Other See Detailed Expense Attachment   | \$             | 296.00      |
| 12. Taxes (not deducted from wages or included in home mortgage payments)  | · -            |             |
| (Specify)  | \$             | 0.00        |
| 13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)   |                |             |
| a. Auto  | \$             | 367.00      |
| b. Other See Detailed Expense Attachment   | \$             | 643.00      |
| 14. Alimony, maintenance, and support paid to others   | \$             | 0.00        |
| 15. Payments for support of additional dependents not living at your home  | \$             | 0.00        |
| 16. Regular expenses from operation of business, profession, or farm (attach detailed statement)   | \$             | 0.00        |
| 17. Other See Detailed Expense Attachment  | \$             | 475.00      |
| 18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) | \$             | 5,727.00    |
| 19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:                                 |                |             |
| 20. STATEMENT OF MONTHLY NET INCOME  | _              |             |
| a. Average monthly income from Line 15 of Schedule I   | \$             | 5,715.37    |
| b. Average monthly expenses from Line 18 above   | \$             | 5,727.00    |
| c. Monthly net income (a. minus b.)  | \$             | -11.63      |

**Other Utility Expenditures:** 

Debtor(s)

Case No.

#### Debioi(s)

## SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

## **Detailed Expense Attachment**

| Cable - Internet                   | \$     | 72.00           |
|------------------------------------|--------|-----------------|
| Cellular Phone                     | \$     | 87.00           |
| Total Other Utility Expenditures   | \$     | 159.00          |
| Other Insurance Expenditures:      |        |                 |
| Rental Property Insurance          | \$     | 56.00           |
| Rental Utilities                   | \$     | 240.00          |
| Total Other Insurance Expenditures | \$     | 296.00          |
| Other Installment Payments:        |        |                 |
|                                    | Ф      | 184.00          |
| Student Loan 1                     | \$     |                 |
| Student Loan 1 Student Loan 2      | <br>\$ | 384.00          |
|                                    |        | 384.00<br>75.00 |

## **Other Expenditures:**

| \$<br>120.00         |
|----------------------|
| \$<br>100.00         |
| \$<br>30.00          |
| \$<br>25.00          |
| \$<br>200.00         |
| \$<br>475.00         |
| \$<br>\$<br>\$<br>\$ |

# **United States Bankruptcy Court Eastern District of Wisconsin**

|       | Brian D Scheuermann  |           |          |   |
|-------|----------------------|-----------|----------|---|
| In re | Sheryl A Scheuermann |           | Case No. |   |
|       |                      | Debtor(s) | Chapter  | 7 |

## DECLARATION CONCERNING DEBTOR'S SCHEDULES

#### DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

|      | I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of sheets, and that they are true and correct to the best of my knowledge, information, and belief. |           |                          |  |
|------|---|-----------|--------------------------|--|
|      |   |           |                          |  |
| Date | April 1, 2010   | Signature | /s/ Brian D Scheuermann  |  |
|      |   |           | Brian D Scheuermann      |  |
|      |   |           | Debtor                   |  |
| Date | April 1, 2010   | Signature | /s/ Sheryl A Scheuermann |  |
|      |   | C         | Sheryl A Scheuermann     |  |
|      |   |           | Joint Debtor             |  |

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

## **United States Bankruptcy Court Eastern District of Wisconsin**

| _     | Brian D Scheuermann  |           |          |   |
|-------|----------------------|-----------|----------|---|
| In re | Sheryl A Scheuermann |           | Case No. |   |
|       |                      | Debtor(s) | Chapter  | 7 |

#### STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

#### **DEFINITIONS**

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

#### 1. Income from employment or operation of business

None

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE
\$87,201.00 Employment income - estimated 2008
\$85,897.00 Employment income - estimated 2009
\$18,530.02 Employment income - estimated 2010 (year-to-date)

#### 2. Income other than from employment or operation of business

COLIDOR

None

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| AMOUNT     | SOURCE  |
|------------|---|
| \$30.00    | Pension/Annuities - estimated 2008                        |
| \$7,200.00 | Rental received - estimated 2008                          |
| \$4,200.00 | Rents received - estimated 2009                           |
| \$2,481.00 | Unemployment compensation - estimated 2008                |
| \$356.00   | Unemployment compensation - estimated 2009                |
| \$2,118.00 | Unemployment compensation - estimated 2010 (year to date) |

#### 3. Payments to creditors

None

Complete a. or b., as appropriate, and c.

a. *Individual or joint debtor(s) with primarily consumer debts.* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR DATES OF PAYMENTS

AMOUNT PAID

AMOUNT STILL OWING

None

None

b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,850\*. If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT
DATES OF PAID OR
PAYMENTS/ VALUE OF AMOUNT STILL
TRANSFERS TRANSFERS OWING

NAME AND ADDRESS OF CREDITOR

INITIAL PRODUCTION

c. All debtors: List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR

DATE OF PAYMENT

AMOUNT PAID

AMOUNT STILL OWING

<sup>\*</sup> Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

#### 4. Suits and administrative proceedings, executions, garnishments and attachments

None

a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT

AND CASE NUMBER

NATURE OF PROCEEDING

Discover Bank vs. Brian D Small Claims Waupaca County Circuit Open Scheuermann Court

Scheuermann Co Waupaca County Case

Number 2009SC001683

Discover Bank vs. Sheryl Civil Waupaca County Circuit Open

Scheuermann Court

Waupaca County Case

Citibank (South Dakota) NA Small Claims Waupaca County Circuit Closed

vs. Sheryl A Scheuermann Court

Waupaca County Case Number 2009SC001038

Number 2009CV000824

Riverside Medical Center Inc Small Claims Waupaca County Circuit Closed

vs. Sheryl Scheuermann Court

Waupaca County Case Number 2009SC001167

GE Money Bank vs. Sheryl Small Claims Waupaca County Circuit Closed

Scheuermann Court

Waupaca County Case Number 2009SC001447

None b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning

property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

TARE AND ADDRESS OF DEDSON FOR HIMO

NAME AND ADDRESS OF PERSON FOR WHOSE
BENEFIT PROPERTY WAS SEIZED
DATE OF SEIZURE
DESCRIPTION AND VALUE OF
PROPERTY

Riverside Medical Center 11/18/09 Total of \$768.56 taken from pay.

800 Riverside Dr \$512.38 taken in the 90 days prior to case filing. Waupaca, WI 54981

GE Money Bank 3/05/10 \$1,148.04 taken from pay in the 90 days prior to

PO Box 981127 case filing.

El Paso, TX 79998-1127

#### 5. Repossessions, foreclosures and returns

None

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DATE OF REPOSSESSION,
NAME AND ADDRESS OF FORECLOSURE SALE, DESCRIPTION AND VALUE OF
CREDITOR OR SELLER TRANSFER OR RETURN PROPERTY

#### 6. Assignments and receiverships

None

a. Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE

DATE OF ASSIGNMENT

TERMS OF ASSIGNMENT OR SETTLEMENT

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not

NAME AND ADDRESS OF CUSTODIAN

NAME AND LOCATION OF COURT CASE TITLE & NUMBER

DATE OF ORDER

DESCRIPTION AND VALUE OF

**PROPERTY** 

7. Gifts

None

List all gifts or charitable contributions made within one year immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION **RELATIONSHIP TO** DEBTOR, IF ANY

DATE OF GIFT

DESCRIPTION AND VALUE OF GIFT

8. Losses

None

List all losses from fire, theft, other casualty or gambling within one year immediately preceding the commencement of this case or since the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY

DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS

DATE OF LOSS

#### 9. Payments related to debt counseling or bankruptcy

None 

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within one year immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE Legal Helpers 611 N. Broadway, Suite 105 Milwaukee, WI 53202

DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR 2010

AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY

\$1550 Attorney Fee \$40 for CinLegal Document **Retrieval Service, Credit** Counseling, Financial **Management Counseling and** 

Post-Discharge Credit Repair

Services.

Cin Legal Dayton Headquarters **4540 Honeywell Court** Dayton, OH 45424

2010

\$105 for CinLegal Document Retrieval Service, Credit **Counseling, and Management** 

Counseling

#### 10. Other transfers

None

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR

DATE

DESCRIBE PROPERTY TRANSFERRED
AND VALUE RECEIVED

None b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER

DEVICE

DATE(S) OF TRANSFER(S) AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST

IN PROPERTY

#### 11. Closed financial accounts

None

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION

TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE

AMOUNT AND DATE OF SALE OR CLOSING

#### 12. Safe deposit boxes

None

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY

DESCRIPTION OF CONTENTS

DATE OF TRANSFER OR SURRENDER, IF ANY

#### 13. Setoffs

None

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATE OF SETOFF

AMOUNT OF SETOFF

## 14. Property held for another person

None List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER

DESCRIPTION AND VALUE OF PROPERTY

LOCATION OF PROPERTY

#### 15. Prior address of debtor

None

If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS NAME USED DATES OF OCCUPANCY

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Best Case Bankruptcy

#### 16. Spouses and Former Spouses

None

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

Former Spouse William Kesler

#### 17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS

NAME AND ADDRESS OF GOVERNMENTAL UNIT

DATE OF

ENVIRONMENTAL

NOTICE LAW

GOVERNMENTAE ONLY

None b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous

■ Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS

NAME AND ADDRESS OF GOVERNMENTAL UNIT

DATE OF

ENVIRONMENTAL

NOTICE LAW

None c

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT

DOCKET NUMBER

STATUS OR DISPOSITION

#### 18. Nature, location and name of business

None

a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN ADDRESS

NAME

NATURE OF BUSINESS

**BEGINNING AND** 

**ENDING DATES** 

None

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

**ADDRESS** NAME

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within six years immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement only if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

#### 19. Books, records and financial statements

None

None

a. List all bookkeepers and accountants who within two years immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS

DATES SERVICES RENDERED

None b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records

NAME **ADDRESS**  DATES SERVICES RENDERED

of the debtor. If any of the books of account and records are not available, explain.

**ADDRESS** NAME

None d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within two years immediately preceding the commencement of this case.

NAME AND ADDRESS DATE ISSUED

### 20. Inventories

None

a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY

INVENTORY SUPERVISOR

DOLLAR AMOUNT OF INVENTORY (Specify cost, market or other basis)

None b. List the name and address of the person having possession of the records of each of the two inventories reported in a., above.

DATE OF INVENTORY

NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS

## 21 . Current Partners, Officers, Directors and Shareholders

None

a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS

#### NATURE OF INTEREST

PERCENTAGE OF INTEREST

None b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS

TITLE

NATURE AND PERCENTAGE OF STOCK OWNERSHIP

#### 22. Former partners, officers, directors and shareholders

None

a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME ADDRESS

DATE OF WITHDRAWAL

None b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS

TITLE

DATE OF TERMINATION

#### 23. Withdrawals from a partnership or distributions by a corporation

None

If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR

DATE AND PURPOSE OF WITHDRAWAL

AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY

#### 24. Tax Consolidation Group.

None

If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

#### NAME OF PARENT CORPORATION

TAXPAYER IDENTIFICATION NUMBER (EIN)

#### 25. Pension Funds.

None

If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND

TAXPAYER IDENTIFICATION NUMBER (EIN)

## DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

| Date | Date April 1, 2010 |           | /s/ Brian D Scheuermann  |  |
|------|--------------------|-----------|--------------------------|--|
|      |                    | -         | Brian D Scheuermann      |  |
|      |                    |           | Debtor                   |  |
| Date | April 1, 2010      | Signature | /s/ Sheryl A Scheuermann |  |
|      |                    | -         | Sheryl A Scheuermann     |  |
|      |                    |           | Joint Debtor             |  |

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

## United States Bankruptcy Court Eastern District of Wisconsin

| In re       | Brian D Scheuermann<br>Sheryl A Scheuermann  |  | Case No.  |  |                |
|-------------|--|--|---|--|----------------|
|             |  | Debtor(s)  | Chapter   | 7  |                |
|             | DISCLOSURE OF COMPENS  | SATION OF ATTO   | RNEY FOR DI   | EBTOR(S)                                       |                |
| c           | ursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule ompensation paid to me within one year before the filing e rendered on behalf of the debtor(s) in contemplation of o   | 2016(b), I certify that I a of the petition in bankrupto   | am the attorney for<br>ey, or agreed to be pa                   | the above-named del<br>d to me, for services r |                |
|             | For legal services, I have agreed to accept  |  |   | 1,550.00                                       |                |
|             | Prior to the filing of this statement I have received  |  |   | 1,550.00                                       |                |
|             | Balance Due  |  | \$  | 0.00   |                |
| 2. T        | he source of the compensation paid to me was:  |  |   |  |                |
|             | ■ Debtor □ Other (specify):  |  |   |  |                |
| 3. T        | he source of compensation to be paid to me is:   |  |   |  |                |
|             | ■ Debtor □ Other (specify):  |  |   |  |                |
| 4. <b>I</b> | ■ I have not agreed to share the above-disclosed compens   | sation with any other person   | unless they are mem   | bers and associates of                         | my law firm.   |
| [           | I have agreed to share the above-disclosed compensation copy of the agreement, together with a list of the names   |  |   |  | w firm. A      |
| 5. I        | n return for the above-disclosed fee, I have agreed to rend  | er legal service for all aspec   | ts of the bankruptcy  | ease, including:                               |                |
| b<br>c      | Analysis of the debtor's financial situation, and rendering Preparation and filing of any petition, schedules, statem Representation of the debtor at the meeting of creditors [Other provisions as needed]  Negotiations with secured creditors to red  | ent of affairs and plan which<br>and confirmation hearing, a   | h may be required;<br>and any adjourned hea                     | urings thereof;                                | uptcy;         |
| 6. B        | y agreement with the debtor(s), the above-disclosed fee de<br>Representation of the debtors in any disch<br>and financial management course fees, po<br>filing of motions pursuant to 11 USC 522(f<br>actions where there is no valid legal defen<br>reaffirmation agreements and applications | nargeability actions, any<br>ost-discharge credit rep<br>()(2)(A) for avoidance of<br>ise, or any other advers | / document retriev<br>air, judicial lien av<br>liens on househo | oidances, preparat<br>d goods, relief fror     | ion and n stay |
|             |  | CERTIFICATION  |   |  |                |
|             | certify that the foregoing is a complete statement of any annihilation proceeding.   | greement or arrangement for  | r payment to me for r   | epresentation of the de                        | btor(s) in     |
| Dated       | April 1, 2010  | /s/ Steven Schae   | efer on behalf of L   | egal Helpers                                   |                |
|             |  | Legal Helpers<br>611 N. Broadway<br>Milwaukee, WI 5  | / Ave., #105  | l Helpers 1061511                              |                |

# **United States Bankruptcy Court Eastern District of Wisconsin**

|       | Brian D Scheuermann  |           | G M      |   |
|-------|----------------------|-----------|----------|---|
| In re | Sheryl A Scheuermann |           | Case No. |   |
|       |                      | Debtor(s) | Chapter  | 7 |

## CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

**PART A -** Debts secured by property of the estate. (Part A must be fully completed for **EACH** debt which is secured by property of the estate. Attach additional pages if necessary.)

| Property No. 1  |                |  |
|---|----------------|--|
| Creditor's Name:<br>Citimortgage Inc  |                | Describe Property Securing Debt:<br>Homestead Real Estate<br>Located at E6252 Progress Rd., Manawa WI.<br>Parcel# 13 10 34 1 |
| Property will be (check one):   |                |  |
| ☐ Surrendered   | ■ Retained     |  |
| If retaining the property, I intend to (ch ☐ Redeem the property ■ Reaffirm the debt ☐ Other. Explain |                | oid lien using 11 U.S.C. § 522(f)).  |
| Property is (check one):  |                |  |
| ■ Claimed as Exempt   |                | ☐ Not claimed as exempt  |
| Property No. 2  |                | ]  |
| Creditor's Name:<br>Marshall & Ilsley Bank  |                | Describe Property Securing Debt:<br>Real Estate located at 323 N Main St., Hancock, WI<br>Parcel# 136-01071-0451             |
| Property will be (check one):   |                |  |
| ■ Surrendered   | ☐ Retained     |  |
| If retaining the property, I intend to (ch ☐ Redeem the property ☐ Reaffirm the debt ☐ Other. Explain |                | oid lien using 11 U.S.C. § 522(f)).  |
|   | ( <del>0</del> |  |
| Property is (check one):  |                | □ Not alaimed as avament   |
| Claimed as Exempt   |                | ☐ Not claimed as exempt  |

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B8 (Form 8) (12/08) Page 2 Property No. 3 **Creditor's Name: Describe Property Securing Debt:** Marshall & Ilsley Bank Real Estate located at 323 N Main St., Hancock, WI Parcel# 136-01071-0451 Property will be (check one): ■ Surrendered ☐ Retained If retaining the property, I intend to (check at least one): ☐ Redeem the property ☐ Reaffirm the debt ☐ Other. Explain (for example, avoid lien using 11 U.S.C. § 522(f)). Property is (check one): ■ Claimed as Exempt ☐ Not claimed as exempt Property No. 4 Creditor's Name: **Describe Property Securing Debt:** Marshall & Ilsley Bank 2005 Ford Freestar 116,273 miles Property will be (check one): ☐ Surrendered ■ Retained If retaining the property, I intend to (check at least one): ☐ Redeem the property ■ Reaffirm the debt ☐ Other. Explain (for example, avoid lien using 11 U.S.C. § 522(f)). Property is (check one): ■ Claimed as Exempt □ Not claimed as exempt Property No. 5 **Creditor's Name: Describe Property Securing Debt:** Marshall & Ilsley Bank **Homestead Real Estate** Located at E6252 Progress Rd., Manawa WI. Parcel# 13 10 34 1 Property will be (check one): ☐ Surrendered ■ Retained If retaining the property, I intend to (check at least one): ☐ Redeem the property ■ Reaffirm the debt ☐ Other. Explain (for example, avoid lien using 11 U.S.C. § 522(f)). Property is (check one): ■ Claimed as Exempt ☐ Not claimed as exempt

| B8 (Form 8) (12/08)  |                            | _   | Page 3   |
|--|----------------------------|---|--|
| Property No. 6   |                            |   |  |
| Creditor's Name:<br>Village of Hancock   |                            | Describe Property S<br>Real Estate located<br>Parcel# 136-01071-0 | at 323 N Main St., Hancock, WI                                       |
| Property will be (check one):  |                            | <u> </u>  |  |
| ■ Surrendered  | ☐ Retained                 |   |  |
| If retaining the property, I intend to (check ☐ Redeem the property ☐ Reaffirm the debt ☐ Other. Explain |                            | oid lien using 11 U.S.C  □ Not claimed as exc                     |  |
| PART B - Personal property subject to une Attach additional pages if necessary.)                         | expired leases. (All three |   | *  |
| Property No. 1   |                            |   |  |
| Lessor's Name:<br>-NONE-   | Describe Leased Pro        | operty:   | Lease will be Assumed pursuant to 11 U.S.C. § 365(p)(2):  ☐ YES ☐ NO |

B8 (Form 8) (12/08) Page 4

I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.

| Date | April 1, 2010 | Signature | /s/ Brian D Scheuermann  |  |
|------|---------------|-----------|--------------------------|--|
|      |               |           | Brian D Scheuermann      |  |
|      |               |           | Debtor                   |  |
| Date | April 1, 2010 | Signature | /s/ Sheryl A Scheuermann |  |
|      |               |           | Sheryl A Scheuermann     |  |
|      |               |           | Joint Debtor             |  |

WARNING: Effective December 1, 2009, the 15-day deadline to file schedules and certain other documents under Bankruptcy Rule 1007(c) is shortened to 14 days. For further information, see note at bottom of page 2

# UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF WISCONSIN

# NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

## 1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days before the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

### 2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

## Chapter 7: Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total Fee \$299)

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

<u>Chapter 13</u>: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$39 administrative fee: Total fee \$274)

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Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

### Chapter 11: Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

## Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

### 3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.

Many filing deadlines change on December 1, 2009. Of special note, 12 rules that set 15 days to act are amended to require action within 14 days, including Rule 1007(c), filing the initial case papers; Rule 3015(b), filing a chapter 13 plan; Rule 8009(a), filing appellate briefs; and Rules 1019, 1020, 2015, 2015.1, 2016, 4001, 4002, 6004, and 6007.

B 201B (Form 201B) (12/09)

# **United States Bankruptcy Court Eastern District of Wisconsin**

| In re | Sheryl A Scheuermann |           | Case No. |   |
|-------|----------------------|-----------|----------|---|
|       |                      | Debtor(s) | Chapter  | 7 |
|       |                      |           |          |   |

## CERTIFICATION OF NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b) OF THE BANKRUPTCY CODE

#### **Certification of Debtor**

I (We), the debtor(s), affirm that I (we) have received and read the attached notice, as required by § 342(b) of the Bankruptcy Code.

| Brian D Scheuermann<br>Sheryl A Scheuermann | X /s/ Brian [ | O Scheuermann            | April 1, 2010 |  |
|---|---------------|--------------------------|---------------|--|
| Printed Name(s) of Debtor(s)                | Signature     | of Debtor                | Date          |  |
| Case No. (if known)                         | X /s/ Sheryl  | A Scheuermann            | April 1, 2010 |  |
|   | Signature     | of Joint Debtor (if any) | Date          |  |

Instructions: Attach a copy of Form B 201 A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

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Best Case Bankruptcy

## **United States Bankruptcy Court** Eastern District of Wisconsin

|         | Brian D Scheuermann                             |   |                |                     |
|---------|---|---|----------------|---------------------|
| In re   | Sheryl A Scheuermann                            |   | Case No.       |                     |
|         | •   | Debtor(s)                                   | Chapter        | 7                   |
|         | VERIFICAT                                       | TION OF CREDITOR MA                         | TRIX           |                     |
| The abo | ove-named Debtors hereby verify that the attack | ched list of creditors is true and correct  | to the best of | of their knowledge. |
| Date:   | April 1, 2010                                   | /s/ Brian D Scheuermann Brian D Scheuermann |                |                     |
|         |   |   |                |                     |
|         |   | Signature of Debtor                         |                |                     |
| Date:   | April 1, 2010                                   | /s/ Sheryl A Scheuermann                    |                |                     |
|         |   | Sheryl A Scheuermann                        |                |                     |

Signature of Debtor

Alliance Buisness Services 3916 South Business Park Ave PO Box 1210 Marshfield, WI 54449

Alliance Collection Ag 3916 S Business Park Ave Marshfield, WI 54449

American General Finance Po Box 3121 Evansville, IN 47731

Applied Card Bank Attention: General Inquiries Po Box 17125 Wilmington, DE 19850

Aqua Finance Inc 1 Corporate Dr Wausau, WI 54401

Bank Of America Po Box 1598 Norfolk, VA 23501

Capital 1 Bank Attn: C/O TSYS Debt Management Po Box 5155 Norcross, GA 30091

Chase Po Box 15298 Wilmington, DE 19850

Citibank Attn: Centralized Bankruptcy Po Box 20507 Kansas City, MO 64195

Citibank 701 E 60th St North Sioux Falls, SD 57117

Citibank Usa Attn.: Centralized Bankruptcy Po Box 20507 Kansas City, MO 64195

Citimortgage Inc Po Box 9438 Gaithersburg, MD 20898 Cr Sys Fox 1055 Winneconne Ave. Neenah, WI 54957

Discover Bank PO Box 15251 Wilmington, DE 19886-5251

Discover Bank PO Box 3025 New Albany, OH 43054

Discover Fin Svcs Llc Pob 15316 Wilmington, DE 19850

ECSI 181 Montour Run Road Coraopolis, PA 15108

Empi 599 Cardigan Rd Saint Paul, MN 55126-4099

Exxmblciti
Attn.: Centralized Bankruptcy
Po Box 20507
Kansas City, MO 64195

First National Bank Credit Card Center Attention: Bankruptcy Department Po Box 3331 Stop Code 3105 Omaha, NE 68103

GE Money Bank PO Box 981127 El Paso, TX 79998-1127

GEMB / Old Navy Attention: Bankruptcy Po Box 103106 Roswell, GA 30076

Gemb/gap Po Box 981400 El Paso, TX 79998

Gemb/jcp Attention: Bankruptcy Po Box 103106 Roswell, GA 30076

Gemb/mens Wearhouse Po Box 103104 Atlanta, GA 30328 Gemb/mills Fleet Farm Attention: Bankruptcy Po Box 103106 Roswell, GA 30076

Gemb/walmart Po Box 981400 El Paso, TX 79998

Glelsi/slm Edu Credit 2401 International Ln Madison, WI 53704

Great Lakes
PO Box 3059
Milwaukee, WI 53201-3059

Hill & Walczak 214 West Grand Ave Office 23 Po Box 398 Wisconsin Rapids, WI 54494

HSBC Retail Services PO Box 5244 Carol Stream, IL 60197

HSBC Bank PO Box 80084 Salinas, CA 93912-0084

Hscb/nautl 90 Christiana Road New Castle, DE 19720

Jvdb Asc P O Box 5718 Elgin, IL 60121

Keycrp Stdnt Ln Trust/ 2401 International Ln Madison, WI 53704

Keyfinserv 5315 Wall Street Madison, WI 53718

Kohls/chase N56 W 17000 Ridgewood Dr Menomonee Falls, WI 53051

Kohn Law Firm 312 E Wisconsin Ave Suite 501 Milwaukee, WI 53202 Macys/fdsb Macy's Bankruptcy Po Box 8053 Mason, OH 45040

Marshal & IIsley Bank P.O Box 2045 Milwaukee, WI 53201

Marshall & Ilsley Bank Attn: Bankruptcy 770 N Water St Milwaukee, WI 53202

Meyer & Njus, P.A. Steven A. Linder 1100 U.S. Bank Plaza 200 South Sixth St. Minneapolis, MN 55402

Midland Credit Mgmt 8875 Aero Dr San Diego, CA 92123

Northeast OB GYN 7950 N. Port Washington Rd Fox Point, WI 53217

Orthopaedic Specialists, SC 1516 S Commercial St Neenah, WI 54956

Paragonway 2101 West Ben Whit Austin, TX 78704

Rausch, Sturm, Israel & Hornik 2448 South 102nd St, Suite 210 P.O. Box 270288 Milwaukee, WI 53227

Riverside Medical Center 800 Riverside Dr Waupaca, WI 54981

Rogers & Hol Po Box 879 Matteson, IL 60443

St. Clare Hospital & Health Services PO Box 135 Baraboo, WI 53913

Target
Po Box 9475
Minneapolis, MN 55440

Theda Clark Medical Center 130 2nd St Neenah, WI 54956

ThedaCare at Home PO Box 469 Neenah, WI 54956

Univ Wis Accts Rec Office Milwaukee, WI 53201

Us Bank/na Nd Attn: Bankruptcy Dept Po Box 5229 Cincinnati, OH 45201

Uwsp Prkndsl 2100 Main St Stevens Point, WI 54481

Victoria's Secret Po Box 182273 Columbus, OH 43218

Village of Hancock Water Utilty/Sewer PO Box 154 Hancock, WI 54943

Village of Hancock PO Box 154 Hancock, WI 54943

Wi Electric Attention: Bankruptcy Po Box 2046 Milwaukee, WI 53201

| In re  | Brian D Scheuermann<br>Sheryl A Scheuermann | According to the information required to be entered on this statement |
|--------|---|---|
|        | Debtor(s)                                   | (check one box as directed in Part I, III, or VI of this statement):  |
| Case N | lumber:                                     | ☐ The presumption arises.   |
|        | (If known)                                  | ■ The presumption does not arise.                                     |
|        |   | ☐ The presumption is temporarily inapplicable.                        |

# CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor, whether or not filing jointly. Unless the exclusion in Line 1C applies, joint debtors may complete a single statement. If the exclusion in Line 1C applies, each joint filer must complete a separate statement.

|     | Part I. MILITARY AND NON-CONSUMER DEBTORS  |
|-----|--|
| 1A  | <b>Disabled Veterans.</b> If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.  |
| 171 | □ <b>Declaration of Disabled Veteran.</b> By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).   |
| 1B  | <b>Non-consumer Debtors.</b> If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.   |
|     | ☐ <b>Declaration of non-consumer debts.</b> By checking this box, I declare that my debts are not primarily consumer debts.  |
|     | Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends. |
| 1C  | □ <b>Declaration of Reservists and National Guard Members.</b> By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard  |
|     | a.   I was called to active duty after September 11, 2001, for a period of at least 90 days and  I remain on active duty /or/  I was released from active duty on, which is less than 540 days before this bankruptcy case was filed;  |
|     | OR   |
|     | <ul> <li>b. ☐ I am performing homeland defense activity for a period of at least 90 days /or/</li> <li>☐ I performed homeland defense activity for a period of at least 90 days, terminating on, which is less than 540 days before this bankruptcy case was filed.</li> </ul>   |

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|    | Part II. CALCULATION OF MONTHLY INCOME FOR § 707(b)(7   | ) EXCI      | LUSION      |      |                    |  |
|----|---|-------------|-------------|------|--------------------|--|
|    | Marital/filing status. Check the box that applies and complete the balance of this part of this state   | ment as d   | irected.    |      |                    |  |
|    | a. Unmarried. Complete only Column A ("Debtor's Income") for Lines 3-11.  |             |             |      |                    |  |
| 2  | <ul> <li>b.  Married, not filing jointly, with declaration of separate households. By checking this box, do "My spouse and I are legally separated under applicable non-bankruptcy law or my spouse and purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptcy Code." Complete of for Lines 3-11.</li> </ul> | d I are liv | ing apart o | ther | than for the       |  |
|    | <ul> <li>c. ☐ Married, not filing jointly, without the declaration of separate households set out in Line 2.b ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11.</li> </ul>   | above. (    | Complete b  | oth  | Column A           |  |
|    | d. Married, filing jointly. Complete both Column A ("Debtor's Income") and Column B ("  | Spouse's    | Income")    | for  | Lines 3-11.        |  |
|    | All figures must reflect average monthly income received from all sources, derived during the six   |             | ımn A       |      | Column B           |  |
|    | calendar months prior to filing the bankruptcy case, ending on the last day of the month before   |             | otor's      |      |                    |  |
|    | the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.   |             | come        |      | Spouse's<br>Income |  |
| 3  | Gross wages, salary, tips, bonuses, overtime, commissions.  |             | 1,208.92    | \$   | 5,603.84           |  |
|    | <b>Income from the operation of a business, profession or farm.</b> Subtract Line b from Line a and   |             | ,           |      | -,                 |  |
|    | enter the difference in the appropriate column(s) of Line 4. If you operate more than one   |             |             |      |                    |  |
|    | business, profession or farm, enter aggregate numbers and provide details on an attachment. Do  |             |             |      |                    |  |
|    | not enter a number less than zero. Do not include any part of the business expenses entered on  |             |             |      |                    |  |
| 4  | Line b as a deduction in Part V.  |             |             |      |                    |  |
|    | Debtor   Spouse   |             |             |      |                    |  |
|    | b. Ordinary and necessary business expenses \$ 0.00 \$ 0.00   |             |             |      |                    |  |
|    | c. Business income Subtract Line b from Line a  | \$          | 0.00        | \$   | 0.00               |  |
|    | Rents and other real property income. Subtract Line b from Line a and enter the difference in   |             |             |      |                    |  |
|    | the appropriate column(s) of Line 5. Do not enter a number less than zero. <b>Do not include any</b>  |             |             |      |                    |  |
| ~  | part of the operating expenses entered on Line b as a deduction in Part V.  |             |             |      |                    |  |
| 5  | Debtor Spouse   |             |             |      |                    |  |
|    | a.Gross receipts\$0.00\$0.00b.Ordinary and necessary operating expenses\$0.00\$0.00   |             |             |      |                    |  |
|    | c. Rent and other real property income Subtract Line b from Line a  | \$          | 0.00        | \$   | 0.00               |  |
| 6  | Interest, dividends, and royalties.   | \$          | 0.00        |      | 0.00               |  |
| 7  | Pension and retirement income.  | \$          | 0.00        |      | 0.00               |  |
|    | Any amounts paid by another person or entity, on a regular basis, for the household   |             |             |      |                    |  |
| 8  | expenses of the debtor or the debtor's dependents, including child support paid for that  |             |             |      |                    |  |
|    | <b>purpose.</b> Do not include alimony or separate maintenance payments or amounts paid by your   | \$          | 0.00        | ¢    | 0.00               |  |
|    | spouse if Column B is completed.  | Ψ           | 0.00        | Ψ    | 0.00               |  |
|    | <b>Unemployment compensation.</b> Enter the amount in the appropriate column(s) of Line 9. However, if you contend that unemployment compensation received by you or your spouse was a  |             |             |      |                    |  |
| 0  | benefit under the Social Security Act, do not list the amount of such compensation in Column A  |             |             |      |                    |  |
| 9  | or B, but instead state the amount in the space below:  |             |             |      |                    |  |
|    | Unemployment compensation claimed to be a benefit under the Social Security Act Debtor \$ 0.00 Spouse \$ 0.00   | \$          | 807.83      | ¢    | 0.00               |  |
|    |   | Þ           | 007.03      | Ф    | 0.00               |  |
|    | <b>Income from all other sources.</b> Specify source and amount. If necessary, list additional sources on a separate page. <b>Do not include alimony or separate maintenance payments paid by your</b>  |             |             |      |                    |  |
|    | spouse if Column B is completed, but include all other payments of alimony or separate  |             |             |      |                    |  |
|    | maintenance. Do not include any benefits received under the Social Security Act or payments   |             |             |      |                    |  |
| 10 | received as a victim of a war crime, crime against humanity, or as a victim of international or   |             |             |      |                    |  |
| 10 | domestic terrorism.  Debtor Spouse  |             |             |      |                    |  |
|    | a. \$ \$ \$   |             |             |      |                    |  |
|    | b. \$ \$  |             |             |      |                    |  |
|    | Total and enter on Line 10  | \$          | 0.00        | \$   | 0.00               |  |
| 11 | Subtotal of Current Monthly Income for § 707(b)(7). Add Lines 3 thru 10 in Column A, and, if  |             |             |      |                    |  |
|    | Column B is completed, add Lines 3 through 10 in Column B. Enter the total(s).  | \$          | 2,016.75    | \$   | 5,603.84           |  |

| 12   | Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.   | \$        |    | 7,620.59  |  |
|--|---|-----------|----|-----------|--|
|  | Part III. APPLICATION OF § 707(b)(7) EXCLUSION  | N         |    |           |  |
| 13   | \$  | 91,447.08 |    |           |  |
| 14   | Applicable median family income. Enter the median family income for the applicable state and household size.  (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) |           |    |           |  |
|  | a. Enter debtor's state of residence: WI b. Enter debtor's household size:  | 5         | \$ | 87,743.00 |  |
| Application of Section 707(b)(7). Check the applicable box and proceed as directed.  The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII.  The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement. |   |           |    |           |  |

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

|     | Part IV. CALCULA  | ATION OF CUE          | RREN               | T MONTHLY INCOM                        | ME FOR § 707(b)(2      | 2) |          |
|-----|---|-----------------------|--------------------|--|------------------------|----|----------|
| 16  | Enter the amount from Line 12.  |                       |                    |  |                        | \$ | 7,620.59 |
| 17  | Marital adjustment. If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did not check box at Line 2.c, enter zero.   |                       |                    |  |                        |    |          |
|     | a.<br>b.  |                       |                    | \$<br>\$                               |                        |    |          |
|     | c.  |                       |                    | \$                                     |                        |    |          |
|     | d.  |                       |                    | \$                                     |                        |    |          |
|     | Total and enter on Line 17  |                       |                    |  |                        | \$ | 0.00     |
| 18  | Current monthly income for § 707  | 7(b)(2). Subtract Lin | ne 17 fr           | om Line 16 and enter the resu          | alt.                   | \$ | 7,620.59 |
| 19A | Subpart A: Dec  | luctions under Sta    | andaro<br>Enter in |  | ne Service (IRS)       |    |          |
| 19A | Standards for Food, Clothing and C<br>www.usdoj.gov/ust/ or from the cle  |                       |                    | e household size. (This infort         | nation is available at | \$ | 1,633.00 |
| 19B | National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) Enter in Line b1 the number of members of your household who are under 65 years of age, and enter in Line b2 the number of members of your household who are 65 years of age or older. (The total number of household members must be the same as the number stated in Line 14b.) Multiply Line a1 by Line b1 to obtain a total amount for household members under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for household members 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B. |                       |                    |  |                        |    |          |
|     | Household members under 65 years of age  a1. Allowance per member  60 a2. Allowance per member  144   |                       |                    |  |                        |    |          |
|     | a1. Allowance per member b1. Number of members  |                       | b2.                | Allowance per member Number of members | 144                    |    |          |
|     | c1. Subtotal  | 300.00                |                    | Subtotal                               | 0.00                   | \$ | 300.00   |
| 20A | Local Standards: housing and util<br>Utilities Standards; non-mortgage e<br>available at www.usdoj.gov/ust/ or  | xpenses for the appli | icable c           | ounty and household size. (7           |                        | \$ | 550.00   |

| 20B | Hous<br>availa<br>Mont | I Standards: housing and utilities; mortgage/rent expense. Ending and Utilities Standards; mortgage/rent expense for your countable at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy cathly Payments for any debts secured by your home, as stated in Lesult in Line 20B. <b>Do not enter an amount less than zero.</b>   | ty and household size (this information is purt); enter on Line b the total of the Average |    |          |
|-----|------------------------|---|--|----|----------|
|     | a.                     | IRS Housing and Utilities Standards; mortgage/rental expense  | \$ 1,049.00  |    |          |
|     | b.                     | Average Monthly Payment for any debts secured by your   |  |    |          |
|     | <b> </b>               | home, if any, as stated in Line 42  | \$ 1,393.21  |    |          |
|     | c.                     | Net mortgage/rental expense   | Subtract Line b from Line a.   | \$ | 0.00     |
| 21  | 20B of Stand           | I Standards: housing and utilities; adjustment. If you contend does not accurately compute the allowance to which you are entirelards, enter any additional amount to which you contend you are ention in the space below:  | tled under the IRS Housing and Utilities   | \$ | 0.00     |
|     | You vehic              | l Standards: transportation; vehicle operation/public transportation; vehicle operation/public transportation are entitled to an expense allowance in this category regardless of le and regardless of whether you use public transportation.   | f whether you pay the expenses of operating a  |    |          |
| 22A | inclu                  | k the number of vehicles for which you pay the operating expens ded as a contribution to your household expenses in Line 8.   | es or for which the operating expenses are   |    |          |
|     |                        | ☐ 1 ■ 2 or more.  | and the least the  |    |          |
|     |                        | a checked 0, enter on Line 22A the "Public Transportation" amore sportation. If you checked 1 or 2 or more, enter on Line 22A the   |  |    |          |
|     |                        | lards: Transportation for the applicable number of vehicles in the  |  |    |          |
|     | Cens                   | us Region. (These amounts are available at www.usdoj.gov/ust/   | or from the clerk of the bankruptcy court.)  | \$ | 420.00   |
| 22B | for a you p            | l Standards: transportation; additional public transportation vehicle and also use public transportation, and you contend that public transportation expenses, enter on Line 22B the "Public Tradards: Transportation. (This amount is available at <a href="www.usdoj.gc">www.usdoj.gc</a> .)  | you are entitled to an additional deduction for<br>insportation" amount from IRS Local     | \$ | 0.00     |
|     |                        | l Standards: transportation ownership/lease expense; Vehicle claim an ownership/lease expense. (You may not claim an ownership.)  |  |    |          |
|     |                        | 2 or more.  |  |    |          |
| 23  | (avai<br>Mont          | r, in Line a below, the "Ownership Costs" for "One Car" from the lable at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy of the hard payments for any debts secured by Vehicle 1, as stated in Line 23. <b>Do not enter an amount less than zero.</b>  | court); enter in Line b the total of the Average   |    |          |
|     |                        |   | \$ 496.00  |    |          |
|     | a.                     | Average Monthly Payment for any debts secured by Vehicle  | 490.00   |    |          |
|     | b.                     | 1, as stated in Line 42   | \$ 146.02  |    |          |
|     | c.                     | Net ownership/lease expense for Vehicle 1   | Subtract Line b from Line a.   | \$ | 349.98   |
|     | the "Z                 | <b>1 Standards: transportation ownership/lease expense; Vehicle</b> 2 or more" Box in Line 23.  The control of the delay of the bankruptcy of t | IRS Local Standards: Transportation  |    |          |
| 24  | Mont                   | thly Payments for any debts secured by Vehicle 2, as stated in Lin  |  |    |          |
|     | 1                      | esult in Line 24. Do not enter an amount less than zero.  | 400.00   |    |          |
|     | a.                     | IRS Transportation Standards, Ownership Costs  Average Monthly Payment for any debts secured by Vehicle   | \$ 496.00  |    |          |
|     | b.                     | 2, as stated in Line 42   | \$ 0.00  |    |          |
|     | c.                     | Net ownership/lease expense for Vehicle 2   | Subtract Line b from Line a.   | \$ | 496.00   |
| 25  | state                  | r Necessary Expenses: taxes. Enter the total average monthly exand local taxes, other than real estate and sales taxes, such as incity taxes, and Medicare taxes. Do not include real estate or sales   | ome taxes, self employment taxes, social   | \$ | 1,707.01 |
| 26  | dedu                   | r Necessary Expenses: involuntary deductions for employment citions that are required for your employment, such as retirement of include discontinuous arounds, such as reductions (401(t)) and   | contributions, union dues, and uniform costs.  | ¢  | 0.00     |
|     | וו טע                  | ot include discretionary amounts, such as voluntary 401(k) co   | iiu ivativiis.   | \$ | 0.0      |

| 27 | Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.  | \$ | 8.50     |
|----|--|----|----------|
| 28 | Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44.   | \$ | 0.00     |
| 29 | Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.  |    |          |
| 30 | Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare - such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.  | \$ | 0.00     |
| 31 | Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34.   | \$ | 0.00     |
| 32 | Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you  |    |          |
| 33 | <b>Total Expenses Allowed under IRS Standards.</b> Enter the total of Lines 19 through 32.   | \$ | 5,464.49 |
|    | Subpart B: Additional Living Expense Deductions  |    |          |
|    | Note: Do not include any expenses that you have listed in Lines 19-32  |    |          |
|    | Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.   |    |          |
| 34 | a. Health Insurance \$ 65.23   |    |          |
|    | b. Disability Insurance \$ 0.00  |    |          |
|    | c. Health Savings Account \$ 83.33   | \$ | 148.56   |
|    | Total and enter on Line 34.  If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below:  \$   |    |          |
| 35 | Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.  | \$ | 0.00     |
| 36 | <b>Protection against family violence.</b> Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.  | \$ | 0.00     |
| 37 | Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.  |    |          |
| 38 | Education expenses for dependent children less than 18. Enter the total average monthly expenses that you actually incur, not to exceed \$147.92* per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards. | \$ | 200.00   |

<sup>\*</sup> Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to casses commenced on or after the date of adjustment.

| 39                                      | Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at <a href="https://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.   |  |   |  | \$                                | 0.00  |   |   |          |
|---|--|--|---|--|-----------------------------------|---|---|---|----------|
| 40                                      | Continued charitable contributions. Enter the amount that you will continue to contribute in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2).   |  |   |  | \$                                | 100.00  |   |   |          |
| 41                                      |  | Total Additional Expense Deductions under § 707(b). Enter the total of Lines 34 through 40 |   |  | \$                                | 448.56  |   |   |          |
|   |  |  | -   | ubpart C: Deductions for De  |                                   |   |   | Ψ   |          |
| 42                                      | and<br>am<br>bai   | /n, ]<br>d cl<br>noui<br>nkr<br>/era   | re payments on secured claims.<br>list the name of the creditor, iden<br>neck whether the payment includents scheduled as contractually du- | For each of your debts that is secured tify the property securing the debt, an es taxes or insurance. The Average Me to each Secured Creditor in the 60 nessary, list additional entries on a separate of the secured Creditor in the 60 nessary, list additional entries on a separate of the security of the | by<br>d st<br>ontl<br>non<br>arat | an interest in propate the Average M hly Payment is the ths following the page. Enter the Average Monthly | Monthly Payment,<br>total of all<br>filing of the<br>total of the | 5<br>-5<br>-5<br>-5<br>-5<br>-5<br>-5<br>-5<br>-5<br>-5<br>-5<br>-5<br>-5<br>-5 |          |
|   |  |  | Citimortgage Inc  Marshall & IIsley Bank  | Homestead Real Estate Located at E6252 Progress Rd., Manawa WI. Parcel# 13 10 34 1  2005 Ford Freestar   | \$                                | · · · · · · · · · · · · · · · · · · ·   | ■yes □no □yes ■no   |   |          |
|   |  | c.   | Marshall & Ilsley Bank  | 116,273 miles  | \$                                | 146.02  | □yes ■no  |   |          |
|   |  |  |   |  |                                   | Total: Add Lines  |   | \$  | 1,539.23 |
| 43                                      | Other payments on secured claims. If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.    Name of Creditor |  |   |  | \$                                | 0.00  |   |   |          |
| 44                                      | Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. Do not include current obligations, such as those set out in Line 28.   |  |   | \$   | 0.00                              |   |   |   |          |
| 45                                      |  | art,   | Projected average monthly Ch. Current multiplier for your dis issued by the Executive Office  | trict as determined under schedules<br>for United States Trustees. (This<br>w.usdoj.gov/ust/ or from the clerk of  | \$ x                              |   | 0.00<br>6.30  | \$  | 0.00     |
| 46                                      | То   | <b>Total Deductions for Debt Payment.</b> Enter the total of Lines 42 through 45.          |   | \$   | 1,539.23                          |   |   |   |          |
| Subpart D: Total Deductions from Income |  |  |   |  | ,                                 |   |   |   |          |
| 47                                      | То   | tal  |   | r § 707(b)(2). Enter the total of Lines  |                                   |   |   | \$  | 7,452.28 |
|   | ı  |  |   | TERMINATION OF § 707(b   |                                   |   | TION  |   |          |
|   |  |  | rari vi. DE   | TEVIMINATION OF 8 \0\(C  | ))(Z                              | LITALSUMP   | 11011   |   |          |

| 48 | Enter the amount from Line 18 (Current monthly income for § 707(b)(2))  | \$                                    | 7,620.59          |  |  |  |
|----|---|---------------------------------------|-------------------|--|--|--|
| 49 | Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2))   | \$                                    | 7,452.28          |  |  |  |
| 50 | Monthly disposable income under § 707(b)(2). Subtract Line 49 from Line 48 and enter the result.  | \$                                    | 168.31            |  |  |  |
| 51 | <b>60-month disposable income under § 707(b)(2).</b> Multiply the amount in Line 50 by the number 60 and enter the result.  | \$                                    | 10,098.60         |  |  |  |
| 52 | <b>Initial presumption determination.</b> Check the applicable box and proceed as directed.   |                                       |                   |  |  |  |
|    | ☐ The amount on Line 51 is less than \$7,025*. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.   |                                       |                   |  |  |  |
| 32 | ☐ The amount set forth on Line 51 is more than \$11,725* Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VI.   |                                       |                   |  |  |  |
|    | ■ The amount on Line 51 is at least \$7,025*, but not more than \$11,725*. Complete the remainder of Part VI (  | (Lines 53 through 55).                |                   |  |  |  |
| 53 | Enter the amount of your total non-priority unsecured debt  | \$                                    | 299,454.57        |  |  |  |
| 54 | <b>Threshold debt payment amount.</b> Multiply the amount in Line 53 by the number 0.25 and enter the result.   | \$                                    | 74,863.64         |  |  |  |
|    | Secondary presumption determination. Check the applicable box and proceed as directed.  |                                       |                   |  |  |  |
|    |   | se" at                                |                   |  |  |  |
| 55 | of this statement, and complete the verification in Part VIII.  The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presump of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.  |                                       | ises" at the top  |  |  |  |
| 55 | ☐ The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presump   |                                       | ises" at the top  |  |  |  |
| 55 | ☐ The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presump of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.  | tion ar                               | th and welfare of |  |  |  |
|    | □ The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presump of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.  Part VII. ADDITIONAL EXPENSE CLAIMS  Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the you and your family and that you contend should be an additional deduction from your current monthly income un 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average each item. Total the expenses.  Expense Description  Monthly Amount of the presump of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. | tion ar<br>te healt<br>der §<br>month | th and welfare of |  |  |  |
|    | □ The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presump of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.  Part VII. ADDITIONAL EXPENSE CLAIMS  Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the you and your family and that you contend should be an additional deduction from your current monthly income un 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average each item. Total the expenses.  | tion ar<br>te healt<br>der §<br>month | th and welfare of |  |  |  |
|    | The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presump of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.  Part VII. ADDITIONAL EXPENSE CLAIMS  Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the you and your family and that you contend should be an additional deduction from your current monthly income un 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average each item. Total the expenses.    Expense Description   | tion ar<br>te healt<br>der §<br>month | th and welfare of |  |  |  |
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|    | The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presump of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.  Part VII. ADDITIONAL EXPENSE CLAIMS  Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the you and your family and that you contend should be an additional deduction from your current monthly income un 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average each item. Total the expenses.    Expense Description   | tion ar<br>te healt<br>der §<br>month | th and welfare of |  |  |  |
|    | The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presump of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.  Part VII. ADDITIONAL EXPENSE CLAIMS  Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the you and your family and that you contend should be an additional deduction from your current monthly income un 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average each item. Total the expenses.    Expense Description   | tion ar                               | th and welfare of |  |  |  |
|    | The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presump of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.  Part VII. ADDITIONAL EXPENSE CLAIMS  Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the you and your family and that you contend should be an additional deduction from your current monthly income un 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average each item. Total the expenses.    Expense Description   | tion ar                               | th and welfare of |  |  |  |
|    | The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presump of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.  Part VII. ADDITIONAL EXPENSE CLAIMS  Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the you and your family and that you contend should be an additional deduction from your current monthly income un 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average each item. Total the expenses.    Expense Description   | tion ar                               | th and welfare of |  |  |  |

<sup>\*</sup> Amounts are subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

## **Current Monthly Income Details for the Debtor**

#### **Debtor Income Details:**

Income for the Period 10/01/2009 to 03/31/2010.

## Line 3 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: USIC

Income by Month:

| 6 Months Ago: | 10/2009            | \$2,518.00 |
|---------------|--------------------|------------|
| 5 Months Ago: | 11/2009            | \$2,421.82 |
| 4 Months Ago: | 12/2009            | \$1,416.48 |
| 3 Months Ago: | 01/2010            | \$664.70   |
| 2 Months Ago: | 02/2010            | \$232.50   |
| Last Month:   | 03/2010            | \$0.00     |
|               | Average per month: | \$1,208.92 |

## Line 9 - Unemployment compensation (included in CMI)

Source of Income: WI DWD

Income by Month:

| 6 Months Ago: | 10/2009            | \$0.00     |
|---------------|--------------------|------------|
| 5 Months Ago: | 11/2009            | \$1,565.00 |
| 4 Months Ago: | 12/2009            | \$1,164.00 |
| 3 Months Ago: | 01/2010            | \$1,281.00 |
| 2 Months Ago: | 02/2010            | \$837.00   |
| Last Month:   | 03/2010            | \$0.00     |
|               | Average per month: | \$807.83   |

## **Current Monthly Income Details for the Debtor's Spouse**

## **Spouse Income Details:**

Income for the Period 10/01/2009 to 03/31/2010.

## Line 3 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: City of Weyauwega

Income by Month:

| 6 Months Ago: | 10/2009            | \$7,620.00 |
|---------------|--------------------|------------|
| 5 Months Ago: | 11/2009            | \$5,105.01 |
| 4 Months Ago: | 12/2009            | \$5,080.00 |
| 3 Months Ago: | 01/2010            | \$5,280.02 |
| 2 Months Ago: | 02/2010            | \$5,330.00 |
| Last Month:   | 03/2010            | \$5,208.00 |
|               | Average per month: | \$5,603,84 |